

156 CUMBERLAND AVENUE

SHARE-BINDER
#92036 Y17C Ch

August 20, 1975

RE: 156 Cumberland Ave.

Mrs. Alice Ohaneson
156 Cumberland Ave.
Portland, Maine

c.c. Fire Dept.

Dear Mrs. Ohaneson:

Upon complaint from the Fire Department this department made an inspection of 156 Cumberland Avenue and found the following fire hazards:

1. Bricks falling from inside of chimney causing a blockage. Unable to clean out chimney.
2. Old mattresses stored in cellar.
3. Rags being stored in cellar.
4. Smoke pipe where it enters chimney open.

These conditions may constitute a very serious fire problem and should be corrected in the very near future.

If we can be of any future help please feel free to call.

Very truly yours,

P. S. Hoffses, Plan Examiner
Building Inspection Services

PBH:sk

C
O
P
Y

CITY OF PORTLAND
HEALTH DEPARTMENT
HOUSING DIVISION



Loc. 100
Loc w/i S
Bldg # Fire # Elec # Other
Issued October 3, 1959
Expires October 23, 1959

4 635

Mr. Michael Jackson
116 Cumberland St
Portland, Me

Dear Sir:

On July 27, 1959

an examination was made of the premises located at 116 Cumberland St., Portland, Me.

Non-compliance with the ordinances relating to housing conditions was found as detailed below.

In accordance with the provisions of the above ordinance, you are hereby ordered to correct these defects according to specifications within the time limits allowed. Failure to comply with this notice will necessitate legal action.

Some repairs or improvements required will necessitate permits which are to be obtained from the Building Inspector, Health, Fire or other City Departments. These must be obtained before the work is started.

If any additional information is desired, visit or telephone the Housing Supervisor at this Office, telephone 4431, extension 226. Kindly notify this office as soon as all corrections have been completed.

Very truly yours,
Edward W. Colby, M.D.
Health Director

By _____
Housing Supervisor

VIOLATIONS & SPECIFICATIONS

Responsibility of Owner or Agent ** Responsibility of Occupant

##	Responsibility of Owner or Agent	** Responsibility of Occupant
1.	Repair or replace the roof that is rotten or to a large part of the structure is now in a dilapidated condition.	
2.	Obtain the proper permits and have the boiler and the boiler to the boiler to be repaired and to have a leaky opening.	
3.	Structure to be repaired.	
4.	Repair or replace the boiler.	
5.	Repair or replace the boiler.	
6.	Repair or replace the boiler.	
7.	Repair or replace the boiler.	
8.	Obtain the proper permits and have the boiler to be repaired and to have a leaky opening.	
9.	Repair or replace the boiler.	
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97.	Repair or replace the boiler.	
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99.	Repair or replace the boiler.	
100.	Obtain the proper permits and have the boiler to be repaired and to have a leaky opening.	

The above violations were found by the Housing Supervisor on or before October 3, 1959.



FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, August 12, 1955

PERMIT ISSUED

AUG 12 1955

CITY of PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 156 Cumberland Ave. Use of Building 2-family dwg. No. Stories New Building Existing " Name and address of owner of appliance Michael Ohaneson, 156 Cumberland Ave. Installer's name and address Eastern Oil & Equip. Co., 27 Portland St. Telephone 3-6495

General Description of Work

To install oil burning equipment in connection with existing steam heat (conversion)

IF HEATER, OR POWER BOILER

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Kind of fuel? Minimum distance to burnable material, from top of appliance or casing top of furnace From top of smoke pipe From front of appliance From sides or back of appliance Size of chimney flue Other connections to same flue If gas fired, how vented? Rated maximum demand per hour Will sufficient fresh air be supplied to the appliance to insure proper and safe combustion?

IF OIL BURNER

Name and type of burner Eastern Oil Labelled by underwriters' laboratories? yes Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? bottom Type of floor beneath burner concrete Size of vent pipe 1 1/2" Location of oil storage basement Number and capacity of tanks 1-220 gal. Low water shut off yes Make Watts No. 89A Will all tanks be more than five feet from any flame? yes How many tanks enclosed? Total capacity of any existing storage tanks for furnace burners 1-220

IF COOKING APPLIANCE

Location of appliance Any burnable material in floor surface or beneath? If so, how protected? Height of Legs, if any Skirting at bottom of appliance? Distance to combustible material from top of appliance? From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? Forced or gravity? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED:

OK-8/12/55-CAP

Will the person in charge of the above work a person competent to see that State and City requirements pertaining thereto are observed? yes

Eastern Oil & Equip. Co.

Signature of Installer BY:

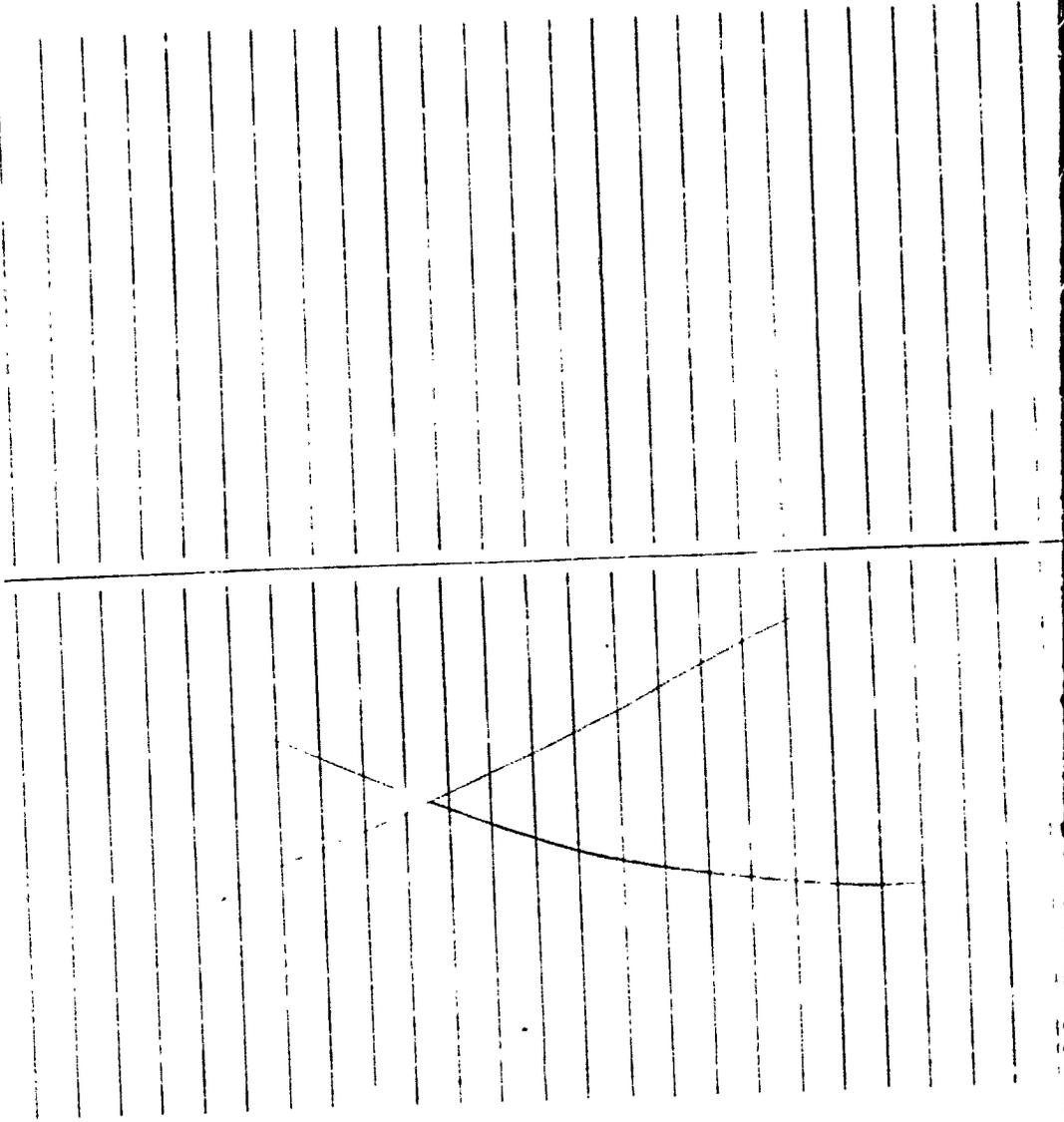
C17-234-1M MURKIN

INSPECTION COPY

Permit No. 55/1314
 Location 15th Cumb. Ave.
 Owner Michael Chapman
 Date of permit 8/12/55
 Approved [Signature]

NOTES

- 1 Fill Pipe
- 2 Drain Pipe
- 3 Klt. of Heat
- 4 Burner Rigidity & Supports
- 5 Name & Label
- 6 Stack Control
- 7 High Limit Control
- 8 Remote Control
- 9 Piping Support & Protection
- 10 Valves in Supply Line
- 11 Capacity of Tanks
- 12 Tank Rigidity & Supports
- 13 Tank Distance
- 14 Oil Gauge
- 15 Instruction Card
- 16 Low Water Shut-off





FILL IN AND SIGN WITH INK

APPLICATION FOR PERMIT FOR HEATING, COOKING OR POWER EQUIPMENT

Portland, Maine, 15-16-51

RECEIVED OCT 18 1951 CITY OF PORTLAND

To the INSPECTOR OF BUILDINGS, PORTLAND, ME.

The undersigned hereby applies for a permit to install the following heating, cooking or power equipment in accordance with the Laws of Maine, the Building Code of the City of Portland, and the following specifications:

Location 156 CUMB. AVE. Use of Building DWELLING No. Stories 2 Building Existing 2 Name and address of owner of appliance M. O'HENERSON 156 CUMBERLAND AVE. Installer's name and address EASTERN OIL 29 PORT. ST. Telephone 3-6895

General Description of Work

To install BURNER BOILER UNIT IN CONNECTION WITH HOT WATER SYSTEM (Entire building was formerly heated from 1 heater)

IF HEATER, OR POWER BOILER

Location of appliance or source of heat BASEMENT Type of floor beneath appliance CEMENT BASE If wood, how protected? Kind of fuel OIL Minimum distance to wood or combustible material, from top of appliance or casing top of furnace 2 FEET From top of smoke pipe OVER 2' From front of appliance OVER 4' From sides or back of appliance OVER 3' Size of chimney flue 9" 10x10. Other connections to same flue NONE If gas fired, how vented? Rated maximum demand per hour

IF OIL BURNER

Name and type of burner EASTERN OIL A Labelled by underwriters' laboratories? YES Will operator be always in attendance? Does oil supply line feed from top or bottom of tank? BOTTOM Type of floor beneath burner CEMENT BASE Location of oil storage BASEMENT Number and capacity of tanks 1-275 GAL If two 275-gallon tanks, will three-way valve be provided? Will all tanks be more than five feet from any flame? YES How many tanks fire proofed? Total capacity of any existing storage tanks for furnace burners NONE

IF COOKING APPLIANCE

Location of appliance Kind of fuel Type of floor beneath appliance If wood, how protected? Minimum distance to wood or combustible material from top of appliance From front of appliance From sides and back From top of smokepipe Size of chimney flue Other connections to same flue Is hood to be provided? If so, how vented? If gas fired, how vented? Rated maximum demand per hour

MISCELLANEOUS EQUIPMENT OR SPECIAL INFORMATION

WILL BE READY FOR INSPECTION ON OR AFTER 10-22-51

Amount of fee enclosed? 2.00 (\$2.00 for one heater, etc., 50 cents additional for each additional heater, etc., in same building at same time.)

APPROVED: [Signature] 10-18-51

Will there be in charge of the above work a person competent to see that the State and City requirements pertaining thereto are observed? YES

Signature of Installer John T. Cipriani

INSPECTION COPY

- 1. Fuel Pipe
- 2. Vent Pipe
- 3. Kind of Heat Gas
- 4. Burner & Gas Valve & Controls
- 5. Name & Address
- 6. Stack Location
- 7. Height
- 8. Material
- 9. Paying Party & Location
- 10. Valve Location
- 11. Cap
- 12. Tank R.
- 13. Tank Location
- 14. Oil Gauge
- 15. Instructions
- 16.

NOTES

Permit No. 512082 1-25-52
 Location 156 Cumberland Ave.
 Owner Mr. O. Stevenson
 Date of permit 10/18/51
 Approved J. W. Smith

Blank lined area for notes and additional information.



APPLICATION FOR PERMIT
DEPARTMENT OF BUILDING INSPECTIONS SERVICES
ELECTRICAL INSTALLATIONS

Date January 29, 1985
 Receipt and Permit number 03381

To the CHIEF ELECTRICAL INSPECTOR, Portland, Maine:

The undersigned hereby applies for a permit to make electrical installations in accordance with the laws of Maine, the Portland Electrical Ordinance, the National Electrical Code and the following specifications:

LOCATION OF WORK: 156 Cumberland Avenue
 OWNER'S NAME: Natalie Wovkonish ADDRESS: 370 Mitchell Rd., Cape Elizabeth, Me.

OUTLETS:	Receptacles _____	Switches _____	Plugmold _____	ft. TOTAL _____	
FIXTURES: (number of)	Incandescent _____	Flourescent _____	(not strip) TOTAL _____		
	Strip Flourescent _____	ft. _____			
SERVICES:	Overhead <input checked="" type="checkbox"/> _____	Underground _____	Temporary _____	TOTAL amperes 100 <input checked="" type="checkbox"/>	3.00
METERS: (number of)	_____	_____	_____	_____	.50
MOTORS: (number of)	Fractional _____	_____	_____	_____	
	1 HP or over _____	_____	_____	_____	
RESIDENTIAL HEATING:	Oil or Gas (number of units) _____	_____	_____	_____	
	Electric (number of rooms) _____	_____	_____	_____	6.00
COMMERCIAL OR INDUSTRIAL HEATING:	Oil or Gas (by a main boiler) _____	_____	_____	_____	
	Oil or Gas (by separate units) _____	_____	_____	_____	
	Electric Under 20 kws _____	Over 20 kws _____	_____	_____	
APPLIANCES: (number of)	Ranges _____	Water Heaters _____	_____	_____	
	Cook Tops _____	Disposals _____	_____	_____	
	Wall Ovens _____	Dishwashers _____	_____	_____	
	Dryers _____	Compactors _____	_____	_____	
	Fans _____	Others (denote) _____	_____	_____	
	TOTAL _____	_____	_____	_____	
MISCELLANEOUS: (number of)	Branch Panels _____	_____	_____	_____	
	Transformers _____	_____	_____	_____	
	Air Conditioners Central Unit _____	_____	_____	_____	
	Separate Units (windows) _____	_____	_____	_____	
	Signs 20 sq. ft. and under _____	_____	_____	_____	
	Over 20 sq. ft. _____	_____	_____	_____	
	Swimming Pools Above Ground _____	_____	_____	_____	
	In Ground _____	_____	_____	_____	
	Fire/Burglar Alarms Residential _____	_____	_____	_____	
	Commercial _____	_____	_____	_____	
	Heavy Duty Outlets, 220 Volt (such as welders) 30 amps and under _____	_____	_____	_____	
	over 30 amps _____	_____	_____	_____	
	Circus, Fairs, etc. _____	_____	_____	_____	
	Alterations to wires _____	_____	_____	_____	
	Repairs after fire _____	_____	_____	_____	
	Emergency Lights, battery _____	_____	_____	_____	
	Emergency Generators _____	_____	_____	_____	
	FOR ADDITIONAL WORK NOT ON ORIGINAL PERMIT _____	INSTALLATION FEE DUE: _____	_____	_____	
	FOR REMOVAL OF A "STOP ORDER" (304-16.b) _____	DOUBLE FEE DUE: _____	_____	_____	
		TOTAL AMOUNT DUE: _____	_____	_____	\$9.50

INSPECTION:
 Will be ready on Jan 29, 1985 or Will Call _____
 CONTRACTOR'S NAME: Miguel Floridiano
 ADDRESS: _____

 TEL: 772-3136 _____

 MASTER LICENSE NO.: 04234 _____
 LIMITED LICENSE NO.: _____
 SIGNATURE OF CONTRACTOR: Miguel Floridiano

INSPECTOR'S COPY — WHITE
 OFFICE COPY — CANARY
 CONTRACTOR'S COPY — GREEN

500543
 Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____
 Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mary Tibbetts Phone # 773-5604
 Address: 156 Cumberland Ave; APT 1 Ptld, ME 04101
 LOCATION OF CONSTRUCTION 156 Cumberland Ave.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost _____ Proposed Use: 2-fam w home occup
 Past Use: 2-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories: _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion CHANGE OF USE - from two-family to
two-family with home occupation
(janitorial office)

PERMIT ISSUED

Date 6/20/90 Sub-division Name _____
 Inside Fire Limits _____ Lot JUN 21 1990
 E Code _____ Ownership: _____ Public _____
 Time Limit _____ Estimated Cost _____
 City Of Portland

Zoning: R-6
 Street Frontage Provided: _____
 Provided Setbacks Front _____ Back _____ Side _____
 Review Required:
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Site Plan _____ Subdivision _____
 Conditional Use: _____ Variance _____ Floodplain Yes _____ No _____
 Shoreland Zoning Yes _____ No _____
 Special Exception: _____
 Other (Explain) OK WBA - 6-20-90

Foundation:
 1. Type of Soil: _____
 2. Set Backs - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other _____

Floor:
 1. Sills Size: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior Walls:
 1. Studding Size _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size _____
 7. Insulation Type _____ Size _____
 8. Sheathing Type _____ Size _____
 9. Siding Type _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size _____ Spacing _____
 2. Header Sizes _____ Span(s) _____
 3. Wall Covering Type _____
 4. Fire Wall if required _____
 5. Other Materials _____

Ceiling:
 1. Ceiling Joists Size: _____ Spacing _____
 2. Ceiling Strapping Size _____
 3. Type Ceilings: _____ Size _____
 4. Insulation Type _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size _____ Span _____
 2. Sheathing Type _____ Size _____
 3. Roof Covering Type _____

Chimneys:
 Type: _____ Number of Fire Places _____

Heating:
 Type of Heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required Yes _____ No _____

Plumbing:
 1. Approval of soil test if required Yes _____ No _____
 2. No. of Tubs or Showers _____
 3. No. of Flushes _____
 4. No. of Lavatories _____
 5. No. of Other Fixtures _____

Swimming Pools:
 1. Type: _____ Square Footage _____
 2. Pool Size: _____
 3. Must conform to National Electrical Code and State Law.

Permit Received By Louise
 Signature of Applicant Mary Tibbetts
 Signature of CEO _____
 Inspection Dates _____

PERMIT ISSUED

MAY 16 1990
 CITY OF PORTLAND



CITY OF PORTLAND, MAINE
Department of Building Inspection

Certificate of Occupancy

LOCATION 156 Cumberland Ave.

Issued to Mary Tibbetts

Date of Issue 7/6/90

This is to certify that the building, premises, or part thereof, at the above location, built — altered — changed as to use under Building Permit No. 99/0543, has had final inspection, has been found to conform substantially to requirements of Zoning Ordinance and Building Code of the City, and is hereby approved for occupancy or use, limited or otherwise, as indicated below.

PORTION OF BUILDING OR PREMISES

APPROVED OCCUPANCY

First Floor

Change of use; from two-family to two-family with home occupation (janitor's office)

Limiting Conditions:

This certificate supersedes certificate issued

Approved:

7-9-90 Arthur White

(Date)

Inspector

[Signature]
Inspector of Buildings

Note: This certificate identifies lawful use of building or premises, and ought to be transferred from owner to owner when property changes hands. Copy will be furnished to owner on request for one dollar.

900543

Permit # _____ City of Portland BUILDING PERMIT APPLICATION Fee \$25 Zone _____ Map # _____ Lot# _____
Please fill out any part which applies to job. Proper plans must accompany form.

Owner: Mary Tibbets Phone # 773-5604
 Address: 156 Cumberland Ave; Apt 1 Portland, ME 04101
 LOCATION OF CONSTRUCTION 156 Cumberland Ave.
 Contractor: _____ Sub: _____
 Address: _____ Phone # _____
 Est. Construction Cost: _____ Proposed Use: 2-family home occup
 Pa & Use: 2-fam
 # of Existing Res. Units _____ # of New Res. Units _____
 Building Dimensions L _____ W _____ Total Sq. Ft. _____
 # Stories _____ # Bedrooms _____ Lot Size: _____
 Is Proposed Use: Seasonal _____ Condominium _____ Conversion _____
 Explain Conversion CHANGE OF USE - from two-family to

For Official Use Only
 Date: 5/20/90 Subdivision: _____
 Inside Fire Limits: _____ Lot: _____
 Bldg Code: _____ Ownership: Private
 Time Limit: _____ Estimated Cost: _____
 City of Portland
 Zoning: R-6
 Street Frontage Provided: _____
 Provided Setback: Front _____ Back _____ Side _____
 Review Required: _____
 Zoning Board Approval: Yes _____ No _____ Date: _____
 Planning Board Approval: Yes _____ No _____ Date: _____
 Conditional Use: _____ Variance: _____ Site Plan _____ Subdivision _____
 Shoreland Zoning: Yes _____ No _____ Floodplain: Yes _____ No _____
 Special Exception _____
 Other (Explain): OK WPA - 6-20-90

Foundation:
 1. Type of Soil: _____
 2. Size: 2' x 4' - Front _____ Rear _____ Side(s) _____
 3. Footings Size: _____
 4. Foundation Size: _____
 5. Other: _____

Floor:
 1. Sills: _____ Sills must be anchored.
 2. Girder Size: _____
 3. Lally Column Spacing: _____ Size: _____
 4. Joists Size: _____ Spacing 16" O.C.
 5. Bridging Type: _____ Size: _____
 6. Floor Sheathing Type: _____ Size: _____
 7. Other Material: _____

Exterior:
 1. Siding Size: _____ Spacing _____
 2. No. windows _____
 3. No. Doors _____
 4. Header Sizes: _____ Span(s) _____
 5. Bracing: Yes _____ No _____
 6. Corner Posts Size: _____
 7. Insulation Type: _____ Size: _____
 8. Sheathing Type: _____ Size: _____
 9. Siding Type: _____ Weather Exposure _____
 10. Masonry Materials _____
 11. Metal Materials _____

Interior Walls:
 1. Studding Size: _____ Spacing _____
 2. Header Sizes: _____ Span(s) _____
 3. Wall Covering: _____
 4. Fire Wall: _____
 5. Other: _____

Ceiling:
 1. Ceiling Joists Size: _____
 2. Ceiling Strapping Size: _____
 3. Type Ceilings: _____
 4. Insulation Type: _____ Size: _____
 5. Ceiling Height: _____

Roof:
 1. Truss or Rafter Size: _____ Span _____
 2. Sheathing Type: _____ Size: _____
 3. Roof Covering Type: _____

Chimneys:
 Type: _____ Number of Fire Places: _____

Heating:
 Type of heat: _____

Electrical:
 Service Entrance Size: _____ Smoke Detector Required: Yes _____ No _____

Plumbing:
 1. Approval of soil test if required: Yes _____ No _____
 2. No. of Tubs or Showers: _____
 3. No. of Flushes: _____
 4. No. of Lavatories: _____
 5. No. of Other Fixtures: _____

Swimming Pools:
 1. Type: _____
 2. Pool Size: _____ x _____ Square Footage _____
 3. Must conform to National Electrical Code and State Law.

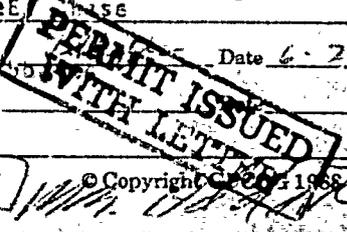
Permit Received by Louise E. [Signature] Date 6-20-90

Signature of Applicant: [Signature] Date 6-20-90

Signature of CEO: _____

Inspection Dates: _____

White-Tax Assessor Yellow-GPCOG White Tag - CEO © Copyright 1988



PLOT PLAN



FEES (Breakdown From Front)
Base Fee \$ 25
Subdivision Fee \$ _____
Site Plan Review Fee \$ _____
Other Fees \$ _____
(Explain) _____
Late Fee \$ _____

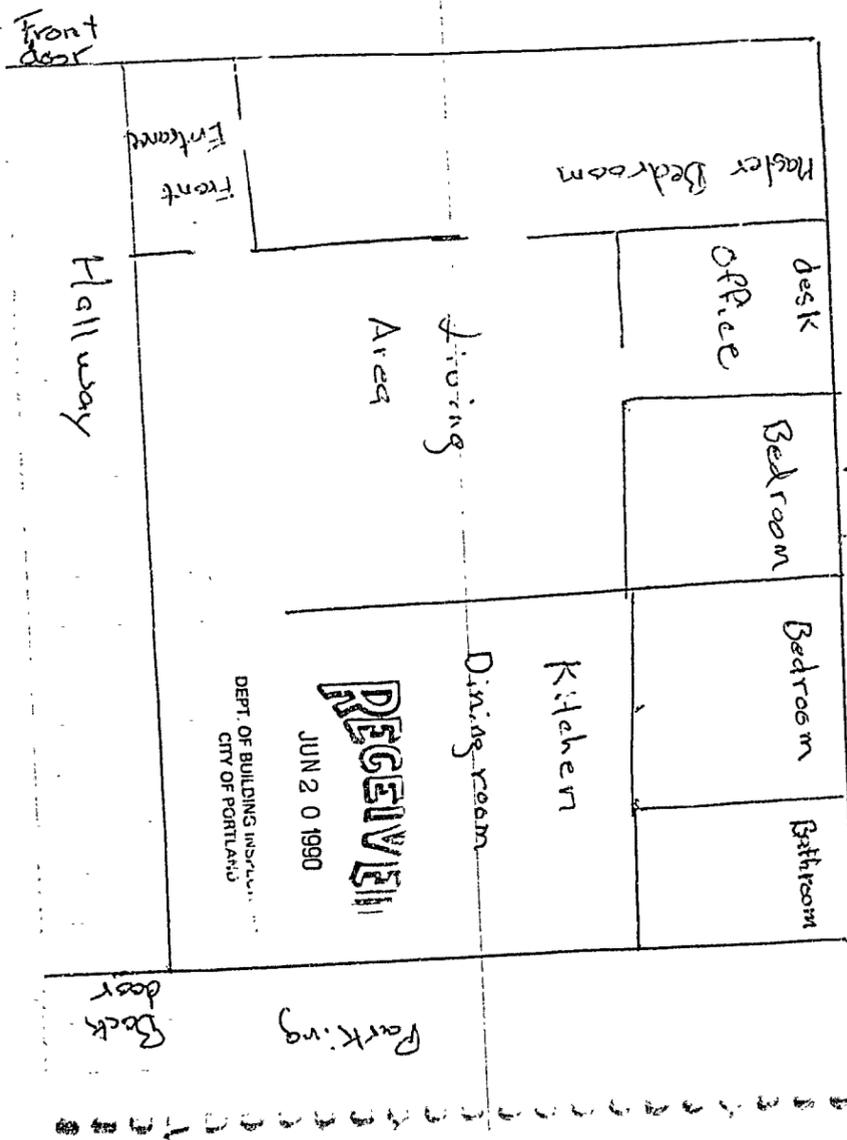
Type	Inspection Record	Date
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /
_____	_____	/ /

COMMENTS 6-22-90 - Checked NA 20
7-6-90 - OK for CO 20

Signature of Applicant _____

Date _____

First floor Apt. 156 Cumberland Ave. Portland





June 19, 1990

THIS IS TO ACKNOWLEDGE THE FACT THAT I WILL ALLOW THE TIBBETS
TO HAVE AN OFFICE IN THEIR APARTMENT AS OF JUNE 19th, 1990.

ANY QUESTIONS PLEASE CALL.

Jeff Shafran

RECEIVED

JUN 20 1990

DEPT OF BUILDING INSPECTIONS
CITY OF PORTLAND

congress hardware & paint co. inc. since 1925. tommy's, 273 congress street, portland, maine 04101
(207) 772-5357 telefax-(207) 879-7191

MERCY HOSPITAL

AUG 15 1994

DOG BITE REPORTS

#2 T.M.

DATE 8/8/94

NAME Antonio Dominguez TELEPHONE NUMBER ∅

ADDRESS 150 CUMBERLAND AVE PTLD

DOG OWNER:

NAME ? NAME TELEPHONE NUMBER _____

ADDRESS 11 CEDAR ST.
PORTLAND, ME

MAIL TO:

Portland Health Department
389 Congress Street
Portland, Maine 04111

incident has been reported to PPD.

NSER - 19

DOG BITE REPORT
INSPECTION SERVICES DIVISION

Victim: Antonio Domintree Owner

Date: 8-8-94 District: 2 Sanitarian # 2

Animal Owner: Name:
Address: 11 Cedar St.
Telephone:

1) Animal Description Male Female Age color
Breed Name

2) Has the animal had rabies immunization?
Yes
No
Vet. rinarian:
Date of Immunization:
Date of Expiration:

3) Is the animal licensed? Yes No
License No: Expiration Date:

4) Has the animal been ill, acted strangely, or bitten anyone recently?
Yes No Describe:

5) Circumstances of incident:

VICTIM: Name: Antonio Domintree Address: 156 Cumberland Ave.
Phone:

1) Date of incident: 8-8-94

2) Injury: Bite Scratch Puncture Wound
Site of Injury?

3) Medical Treatment: MMC Mercy Osteopathic Private Physician
Was Tetanus given? Yes No

