





# OHIO FIRE INCIDENT REPORTING SYSTEM

# INCIDENT REPORT

1  DELETE  
2  CHANGE

Fire Department Richland Twp

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U

GRASS, TRASH FIRES, SHORT FORM  
COMPLETE FOR ALL INCIDENTS  
COMPLETE IF CASUALTY  
COMPLETE FOR ALL FIRES  
COMPLETE IF STRUCTURE FIRE

FDID <b>231119</b>	INCIDENT NO <b>050897</b>	EXP <b>05</b>	MO <b>08</b>	DAY <b>9</b>	YEAR <b>17</b>	DAY OF WEEK 1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Sat <b>5</b>	ALARM TIME <b>0555</b>	ARRIVAL TIME <b>0604</b>	TIME IN SERVICE <b>0921</b>		
<b>SITUATION FOUND</b>		22-Air Gas Rupture	44-Power line down	55-Assist Police	72-Bomb Scare	<b>13</b>					
11-Structure Fire	32-Emergency Medical call	45-Arcing electric equipment	56-Unauthorized burning	73-Alarm Malfunction							
12-Outside Dollar Loss	33-Locked-in trapped	46-Aircraft standby	57-Move-up	74-Unintentional false	99-Unclassified	Other <u>See page 17-19</u>					
13-Vehicle Fire	34-Search	47-Chemical spill	59-Other service calls	61-Smoke scare	<b>1</b>						
14-Brush, grass, leaves	35-Extrication	51-Lock-out	63-Controlled burn	65-Steam, gas mistaken for smoke							
15-Trash, Rubbish	41-Spill, leak-No fire	52-Water removal	66-Steaming	71-Malicious false	MUTUAL AID <b>Rescue 571</b> <b>Medic 571</b>						
16-Explosion, No after fire	42-Explosive, Bomb removal	53-Smoke odor removal	ACTION TAKEN								
17-Outside spill with fire	43-Excessive Heat	54-Animal Rescue	4-Remove Hazard	5-Stand by	6-Salvage	7-Ambulance	8-Fill in, Move up	9-Not classified	0-Undetermined		
FIXED PROPERTY USE (Occupancy) Pg 23-43 <u>Stream &amp; Road ditch</u> <b>946</b>			IGNITION FACTOR Pg 44-45 <u>Undetermined</u>								
CORRECT ADDRESS (Up to maximum of 21 characters) <u>7180 Cincinnati Zanesville Rd Lancaster, OH</u>							ZIP CODE <u>43130</u>	CENSUS TRACT			
OCCUPANT NAME (LAST, FIRST, MI) <u>Justice Micheal R.</u>				TELEPHONE <u>5367494</u>			ROOM or APT.				
OWNER NAME (LAST, FIRST, MI) <u>Justice Micheal R.</u>			ADDRESS <u>7180 Cinn/Zanesville Rd</u>			TELEPHONE <u>same</u>					
METHOD OF ALARM		4-Radio	8-Voice signal municipal alarm signal	CO. INSPECTION DISTRICT <b>7</b>		SHIFT		NO. ALARMS			
1-Telephone direct	5-Verbal	9-Not classified above									
2-Municipal alarm system	6-No alarm recd.	0-Undetermined or not reported									
3-Private alarm system	7-Tie-line (911)										
NO. FIRE SERVICE PERSONNEL RESPONDED <b>21</b>		NO. ENGINES RESPONDED <b>1</b>		NO. AERIAL APPARATUS RESPONDED <b>0</b>		NO. OTHER VEHICLES RESPONDED <b>5</b>					
NUMBER OF INJURIES				NUMBER OF FATALITIES							
FIRE SERVICE <b>0</b>				OTHER <b>0</b>				FIRE SERVICE <b>0</b>			
OTHER <b>01</b>											
COMPLEX Pg 61-62 <u>Roadway</u> <b>196</b>			MOBILE PROPERTY TYPE Pg. 63-65 (Complete Line S) <u>Semi Trailer with Tractor</u>				NA = 08 <b>23</b>				
AREA OF FIRE ORIGIN Pg 67-68 <u>Undetermined</u>			EQUIPMENT INVOLVED IN IGNITION Pg 71-72 (Complete Line T) 98 <u>00 undetermined</u> <b>00</b>								
FORM OF HEAT IGNITION Pg 74-76 <u>Short circuit</u> <b>24</b>		TYPE OF MATERIAL IGNITED Pg 78-79 <u>Plastic wire cover</u> <b>40</b>		FORM OF MATERIAL IGNITED Pg 80-81 <u>Electrical wire</u> <b>61</b>							
METHOD OF EXTINGUISHMENT		LEVEL OF FIRE ORIGIN		ESTIMATED TOTAL DOLLAR LOSS							
5-Pre-connect hose/tank only		1-Grade level to 9 ft		6-Over 70 feet							
6-Pre-connect hose/hydrant draft standpipe		2-10 to 19 feet		7-Objects in flight							
7-Hand-laid hose/hydrant draft standpipe		3-20 to 29 feet		8-Below ground level							
8-Master stream device		4-30 to 49 feet		9-Not classified above							
9-Not classified above		5-50 to 70 feet		0-Undetermined							
0-Undetermined or not reported											
Number of Stories			CONSTRUCTION TYPE								
1-1 story	4-5 to 6 stories	7-25 to 49 stories	1-Fire resistive	5-Protected ordinary	8-Unprotected wood frame						
2-2 story	5-7 to 12 stories	8-50 stories or more	2-Heavy timber	6-Unprotected ordinary	9-Not classified above						
3-3 to 4 stories	6-13 to 24 stories	0-Number of stories undetermined or not reported	3-Protected noncombustible	7-Protected wood frame	0-Undetermined or not reported						
EXTENT OF DAMAGE		FLAME		DETECTOR PERFORMANCE		SPRINKLER PERFORMANCE					
1-Confinement to the object of origin		1		1-Det in room or space of fire origin - oper		1-Equipment operated					
2-Confinement to part of room or area of origin		2		2-Det not in rm or space of fire origin - oper		2-Equipment should have operated - did not					
3-Confinement to room of origin		3		3-Det in rm or space of origin - no oper		3-Equipment pre but fire too small to oper					
4-Confinement to the fire-rated comp of origin		4		4-Det not in rm or space of origin - not oper		9-Not classified above					
5-Confinement to floor of origin		5		5-Det in rm or space of fire origin but fire too small to oper		0-Undetermined or not reported					
6-Confinement to structure of origin		6		0-Undetermined or not reported		8-No equipment present (N/A)					
7-Extended beyond structure of origin		7		9-Not classified above							
8-No damage of this type (N/A)		8		0-Undetermined or not reported							
9-Undetermined or not reported		9		8-No detectors present (N/A)							
0-Undetermined or not reported		0									
TYPE OF MATERIAL GENERATING MOST SMOKE Pg 103-104 IF SMOKE SPREAD BEYOND ROOM OF ORIGIN <u>Plastic</u> <b>40</b>			AVENUE OF SMOKE TRAVEL 1-Air handling duct 4-Stairwell 7-Utility opening in floor 2-Corridor 5-Opening on construction 8-No avenue of smoke travel (N/A) 3-Elevator shaft 6-Utility opening in wall 9-Not classified above								
FORM OF MATERIAL GENERATING MOST SMOKE Pg 108-109 <u>Electrical wire &amp; insulation in cab</u> <b>61</b>											
IF MOBILE PROPERTY		YEAR <b>1985</b>	MAKE <b>MACK</b>	MODEL <b>R686 T</b>	SERIAL NO. <b>1M2V185X0F4098131</b>	LICENSE NO.					
IF EQUIPMENT INVOLVED IN IGNITION		YEAR	MAKE	MODEL	SERIAL NO.						
MEMBER MAKING REPORT <u>Keith H. Dennis assistant chief</u>		DATE <b>5-8-97</b>		OFFICER IN CHARGE (if different) <u>Jowell Fisher Chief</u>		DATE <b>5-8-97</b>					
Remarks <u>OWNER of Tractor-Trailer MasKingum Iron &amp; metal Zanesville OHIO</u>											

Check if remarks continued on back

FAIRFIELD COUNTY SHERIFF  
DISPATCH INFORMATION

=====  
Date: 05/08/97      Time: 05:54      Dispatcher : #95      Transaction#: 444641  
=====

Type of Call: 04      INJURY ACCIDENT      F-3  
Callers Name: JUSTICE RES/5367494  
Location : 7180 CINN-ZANES/PG #1

Special Info:

ADV OF AUTO ACCIDENT W/ INJURIES AND THE CAR IS ON FIRE;  
UNIT 5 OSC FULLY ENGULFED TK OVER THE EMBANKMENT. UNIT 5 ADV 016 0602.  
UNIT C ADV 0612.2323 NOTIFIED ENR. POST CALLED REF C62. BRILLS 31 ENR.  
RICH HAUFMAN AND DAN BOLGER ENR. TK CO OWNER ENR @ 0654. SHERIDAN'S  
NOTIFIED/0725. SIT/CONT 0732 HRS. SHERIDAN'S ON SCN/0759

=====  
Unit#      DIS      ENR      OSC      CLR      LSC      \*\*\*      INS      INQ      COMP      REPORT#

5581	05:55	06:02	06:04	09:21			09:21			
5582	05:55	05:55	XX:XX	06:59				06:58	I	
E581	05:55	05:55	XX:XX	06:59				06:58	I	
R571	05:55	06:03	06:13	09:21			09:21			
2334	05:57	05:57	06:09	09:00			09:00		9	970262

=====  
Caller Referral Information: 5367494 7180 CINCINNATI ZANESV RICHLAND TWP

+++000000000

LD COUNTY SHERIFF

FAIRFIELD

DISPATCH INFORMATION

Date: 05/08/97 Time: 05:54 Dispatcher: #88 Transaction#: 444642

Type of Call: C4 INJURY ACCIDENT

Callers Name: JUSTICE RES/5367494

Location: 7180 CINN-ZANES/PG #2

Special Info:

ADV OF AUTO ACCIDENT W/ INJURIES AND THE CAR IS ON FIRE;

Unit#	DIS	ENR	OSC	CLR	LOG	***	INS	ING	COMP	REPORT#
2380	05:57	05:57	06:11	08:17			08:17		9	
2311	05:57	05:57	06:07	09:20			09:20		9	
E582	05:58	06:03	06:07	09:21			09:21	09:31		
T581	05:58	06:06	06:08	09:21			09:21	09:37		
2358	06:10	06:20	06:20	07:43			07:43			

Caller Referral Information: 5367494 7180 CINCINNATI-ZANESV RICHLAND TWP

FAIRFIELD COUNTY SHERIFF  
DISPATCH INFORMATION

=====  
Date: 05/05/97 Time: 05:54 Dispatcher : #88 Transaction#: 444643  
=====

Type of Call: C4 INJURY ACCIDENT  
Callers Name: JUSTICE RES/5367494  
Location : 7180 CINN-ZANES/PG #3

Special Info:  
ADV OF AUTO ACCIDENT W/ INJURIES AND THE CAR IS ON FIRE;

=====  
Unit# DIS ENR OSC CLR LSC \*\*\* INS INQ COMP REPORT#

2323	06:35	06:35	06:43							
5502	07:15	07:15	07:18	09:21			09:21	09:28		
2306	07:29	07:29	XX:XX	09:17				XX:XX		

Caller Referral Information: 5367494 7180 CINCINNATI-ZANESV RICHLAND TWP

1062

# RICHLAND TOWNSHIP FIRE DEPARTMENT EMS RUNSHEET

3150 Market Street, Rushville, OH 43150  
Phone (614) 536-7313 or 536-9009

T581, M571

091-98  
 RUN NO.  
 5-8-97  
 DATE  
 05:55  
 DISPATCHED  
 06:02  
 ENROUTE  
 06:04  
 ARR. SCENE  
 TO HOSP.  
 ARR. HOSP.  
 09:21  
 IN SERVICE  
 09:30  
 IN QUARTERS

0581  
 UNIT NO.  
 7180 CINC-CANES NE  
 DISPATCH LOCATION

5582, 5582, R571  
 ADDITIONAL UNITS

1  PAS/TELE  
 2  RAD/PAG  
 3  BMT  
 4  MESS./W.I.

1 VEHICLE MVA  
DISPATCH MESSAGE

RUN JURISDICTION  
 OCCURRED IN  
 RICHLAND

CONTROLLED BY  
 (DEPT. NOT VEH.)  
 RICHLAND

- 1  BUSINESS/INDUSTRIAL
- 2  CLINIC/PHYS. OFFICE
- 3  HOME/RESIDENCE
- 4  NURSING/REST HOME
- 5  RECREATIONAL AREA
- 6  RIVERS, LAKES, STREAMS
- 7  RURAL/FARM
- 8  SCHOOL/DAYCARE
- 9  STREET/HIGHWAY
- 10  WORK PLACE
- 11

- PT.'S MODE OF TRAVEL
- 1  AIRCRAFT
  - 2  AUTO/VAN
  - 3  BICYCLE
  - 4  FARM IMPLEMENT
  - 5  MOTORCYCLE/BIKE
  - 6  PEDESTRIAN
  - 7  RAIL
  - 8  RECREATIONAL
  - 9  TRUCK
  - 0

- PT.'S VEH. DAMAGE
- 1  MILD
  - 2  MODERATE
  - 3  SEVERE

- PT. WEARING SEATBELT/HELMET
- 1  NO
  - 2  YES
  - 3  UNKNOWN

- PT.'S VEH. ROLLOVER
- 1  NO
  - 2  YES
  - 3  UNKNOWN

- WEATHER CONDITION
- 1  CLEAR/CLOUDY
  - 2  FOG
  - 3  RAIN
  - 4  ICE
  - 5  SNOW

\*\* FOR VEHICULAR INCIDENTS ONLY \*\*

PATIENT INFO

DAREN W. HATFIELD  
 PATIENT - LAST, FIRST, M.I.

30  
 AGE/DOB

W  
 RACE

M  
 SEX

SSN OR TRIAGE TAG NO.

415 PENROSE ROAD  
 STREET ADDRESS

557-3388  
 PHONE

PARENT / GUARDIAN

STOCKPORT  
 CITY

OH  
 STATE

43787  
 ZIP

INSURANCE

FAMILY PHYSICIAN

2 of 2

# RICHLAND TOWNSHIP FIRE DEPARTMENT EMS RUNSHEET

3150 Market Street, Rushville, OH 43150  
Phone (614) 536-7313 or 536-9009

T581 M571 G582

<b>E97-98</b> RUN NO.	<b>58-97</b> DATE		<b>S-580</b> UNIT NO.	<b>7180 Civic Center</b> DISPATCH LOCATION	<b>R-571</b> ADDITIONAL UNITS
<b>05:55</b> DISPATCHED	<input type="checkbox"/> PAS/TELE <input type="checkbox"/> RAD/PAG	<input type="checkbox"/> 011 <input type="checkbox"/> MESS./W.I.	<b>1 vehicle MVA</b> DISPATCH MESSAGE		
<b>06:02</b> ENROUTE	RUN JURISDICTION	<b>Richland</b>			
<b>06:04</b> ARRV. SCENE	CONTROLLED BY	<b>Richland</b>			
<b>TO HOSP.</b>	(DEPT. NOT VEH.)				
<b>ARRV. HOSP.</b>	<input type="checkbox"/> BUSINESS/INDUSTRIAL <input type="checkbox"/> CLINIC/PHYS. OFFICE <input type="checkbox"/> HOME/RESIDENCE <input type="checkbox"/> NURSING/REST HOME <input type="checkbox"/> RECREATIONAL AREA <input type="checkbox"/> RIVERS, LAKES, STREAMS	<input type="checkbox"/> RURAL/FARM <input type="checkbox"/> SCHOOL/DAYCARE <input checked="" type="checkbox"/> STREET/HIGHWAY <input type="checkbox"/> WORK PLACE			
<b>09:21</b> IN-SERVICE	PT.'S MODE OF TRAVEL 1 <input type="checkbox"/> AIRCRAFT 2 <input type="checkbox"/> AUTO/VAN 3 <input type="checkbox"/> BICYCLE 4 <input type="checkbox"/> FARM IMPLEMENT 5 <input type="checkbox"/> MOTORCYCLE/BIKE 6 <input type="checkbox"/> PEDESTRIAN 7 <input type="checkbox"/> RAIL 8 <input type="checkbox"/> RECREATIONAL 9 <input checked="" type="checkbox"/> TRUCK 0 <input type="checkbox"/> _____				
<b>09:30</b> IN QUARTERS	PT.'S VEH. DAMAGE 1 <input type="checkbox"/> MILD 2 <input type="checkbox"/> MODERATE 3 <input checked="" type="checkbox"/> SEVERE				
		PT.'S VEH. ROLLOVER 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> YES 3 <input type="checkbox"/> UNKNOWN			PT. WEARING SEATBELT/HELMET 1 <input type="checkbox"/> NO 2 <input type="checkbox"/> YES 3 <input type="checkbox"/> UNKNOWN
		WEATHER CONDITION 1 <input checked="" type="checkbox"/> CLEAR/CLOUDY 2 <input type="checkbox"/> FOG 3 <input type="checkbox"/> RAIN 4 <input type="checkbox"/> ICE 5 <input type="checkbox"/> SNOW			TEMP. _____

<b>Max W. Hatfield</b> PATIENT - LAST, FIRST, M.I.	<b>30</b> AGE/DOB	<b>W</b> RACE	<b>M</b> SEX	SSN OR TRIAGE TAG NO.
<b>415 Penrose Rd.</b> STREET ADDRESS		<b>557-3388</b> PHONE		PARENT / GUARDIAN
<b>Stockport</b> CITY	<b>Oh.</b> STATE	<b>43787</b> ZIP	INSURANCE	FAMILY PHYSICIAN

Food

6 Cases of Pop

Coffee + Cups

Sandwiches ~~\$~~ \$98.50

Items on 5-8-97

Equipment

6 face shields \$1.00 each

6 sets of Fire Service gloves \$34.00 each

Cleaning 5 sets of turn out gear

Film 3 rolls 36

1 Video Tape

Engine 3 1/2 Hrs in AM 6 1/2 Hrs PM

Squad 3 1/2 " "

Tanker 3 1/2 "

Rescue 3 1/2 Hrs "

medic 3 1/2 Hrs "

Hay materials 2-10 ft Pigs 6" need Replaced to 570



REPORT TAKEN  AT STATION  AT SCENE NO. OF VEH PEDESTRIANS INVOLVED 1 CRASH SEVERITY (CHECK MOST SEVERE)  FATAL  INJURY  PROPERTY DAMAGE ONLY COMBINED VEH/PROP LOSS  OVER \$150  UNDER \$150 HIT SKIP  SOLVED  UNSOLVED

IN COUNTY OF FAIRFIELD IN  CITY  VILLAGE  TWP OF RICHLAND DATE OF CRASH: 05 10 1997 DAY THU TIME: MILITARY 05:54

CRASH OCCURRED ON U.S. RT 22 (CINCINNATI-ZANESVILLE RD N.E.) WITHIN THE INTERSECTION OF

IF NOT IN INTERSECTION 3/10 MILES: FEET 310 N E OF COUNTY ROAD # 31 (CODNPATH ROAD) CITY CODE

LOG-1 LOG-2 LOC JUR FHE FLT DESC

A UNIT NO. 1 NO. OF OCCUPANTS 1 OPERATING  PARKED  DRIVERLESS  HIT & RUN  NON-CONTACT  INSURANCE CO. OR AGENT CINCINNATI

DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) HATFIELD, DAREN W. ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 415 PENROSE ROAD STOCKPORT, OHIO 43787

PHONE NO. (614) 557-3388 BIRTH DATE 05 19 1966 AGE 30 SEX M SOCIAL SECURITY NO. 293-78-2225 STATE OH DRIVER'S LICENSE NO. RN071821 OCCUPATION DRIVER

OWNER (IF SAME AS DRIVER, WRITE SAME) MUSKINGUM IRON & METAL ADDRESS 345 ARTHUR ST. ZANESVILLE, OHIO 43701 PHONE (614) 452-9351

VEH YR 85 MAKE MACK MODEL R686T COLOR WH STYLE TK STATE OH LICENSE PLATE NO. P484JB TOWING SERVICE BRILLS VEH/PED DIR FROM E TO W

CIRCLE DAMAGE AREAS 9 TOP 10 UNDERCARR 11 LOAD 12 TRAILER DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  LIGHT  MODERATE  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

B UNIT NO. NO. OF OCCUPANTS OPERATING  PARKED  DRIVERLESS  HIT & RUN  NON-CONTACT  INSURANCE CO. OR AGENT

DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI) ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)

PHONE NO. BIRTH DATE AGE SEX SOCIAL SECURITY NO. STATE DRIVER'S LICENSE NO. OCCUPATION

OWNER (IF SAME AS DRIVER, WRITE SAME) ADDRESS PHONE

VEH YR MAKE MODEL COLOR STYLE STATE LICENSE PLATE NO. TOWING SERVICE VEH/PED DIR FROM TO

CIRCLE DAMAGE AREAS 9 TOP 10 UNDERCARR 11 LOAD 12 TRAILER DAMAGE SEVERITY  NON-FUNCTIONAL  FUNCTIONAL  DISABLING DAMAGE SCALE  NONE  LIGHT  MODERATE  HEAVY VEHICLE DISPOSITION  DRIVEN AWAY  REMAINED AT SCENE  TOWED FIRE  NO FIRE  FIRE DUE TO CRASH  OTHER FIRE

C FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

D FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

E FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

F FROM UNIT NO. NAME (LAST, FIRST, MI) BIRTH DATE AGE POSITION INJURIES

CONDITION

1 APPARENTLY NORMAL 2 SICK 3 FATIGUED 4 APPARENTLY ASLEEP 5 PHYSICAL DEFECT 6 OTHER CONDITION 7 UNKNOWN

A B C INJURED TAKEN TO BY FRANKLIN CO. MORGUE SHERIDAN FUNERAL HOME

D E F INJURED TAKEN TO BY

RESTRAINTS

1 NOT USED 2 NONE AVAILABLE 3 LAP BELT USED 4 LAP/SHOULDER BELT USED 5 SHOULDER BELT USED 6 CHILD SAFETY SEAT 7 AIR BAG USED 8 USE NOT REPORTED

ALCOHOL

A TESTED B TESTED YES NO YES NO

A OFFENSE CHARGED AND DESCRIPTION O.R.C. CITY ORD:

B OFFENSE CHARGED AND DESCRIPTION O.R.C. CITY ORD:

RECEIVED CALL 05:54 DISPATCHED 06:35 ARRIVED 06:43 CLEARED 18:16 OTHER TIME 60 TOTAL MINUTES 720

DATE REPORT FILED 5 12 97 PHOTOS YES NO OFFICER'S NAME GARY KENNEDY BADGE NO. FC038 CHECKED BY

EJECTION

A B C D E F A TESTED B TESTED YES NO YES NO

1 NOT EJECTED 2 PARTIAL 3 TOTAL 4 TRAPPED INSIDE VEHICLE

1 NO DRUGS DETECTED 2 USING PRESCRIBED DRUG 3 USING ILLICIT DRUG

DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

POLICE ACTION

C1

## OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 2624	REPORTING AGENCY FAIRFIELD CTY SHERIFFS OFFICE	DATE OF ACCIDENT M 05 10 08 1997
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION U.S. HWY 22 (CIN-ZANES RD) W OF CTY HWY 31 COUNTRYPATH RD.	

1. FENCE LINE belonging TO  
MR CLINTON LUTZ  
2165 CARROLL SOUTHERN RD.  
CARROLL, OHIO 43112-9676  
536-7487

② PROPERTY belonging TO:  
MR. MICHAEL JUSTICE  
7180 CIN-ZANES RD.  
LANCASTER, OHIO 43130  
536-7494

TREES -

EDGE OF DRIVE WAY

OFFICERS SIGNATURE



BADGE NO.

FL-113



# MUSKINGUM IRON & METAL COMPANY

ARTHUR STREET - P.O. BOX 4616  
ZANESVILLE, OHIO 43702-4616  
PHONE 614/452-9351  
FAX # 614-452-3251

on CAMEO  
Program  
7-7-97  
PES

JUNE 2, 1997

Mr. William Brobst  
Fairfield County LEPC  
109 North Broad Street  
P O Box 626  
Lancaster, Ohio 43130-0626

Mr. Brobst,

Enclosed please find our written follow-up report for a spill we had May 8, 1997. The spill was the result of a truck accident caused by the driver suffering an apparent heart attack. Also enclosed is a copy of the Fairfield County Sheriff's accident report and a detailed invoice from BBU Services, Inc., the firm used for the containment and clean-up.

Please feel free to call me at the above phone number if you require additional information.

Sincerely,

Jack Joseph  
President

JJ/dms

Enclosure





# OHIO FIRE INCIDENT REPORTING SYSTEM

# INCIDENT REPORT

NFIRS-1

1  DELETE  
2  CHANGEFire Department Richland TWP.

FDID <b>231119</b>	INCIDENT NO. <b>#R</b>	EXP	MO <b>05</b>	DAY <b>08</b>	YEAR <b>97</b>	DAY OF WEEK 1 Sunday 2 Monday 3 Tuesday 4 Wednesday 5 Thursday 6 Friday 7 Sat <b>5</b>	ALARM TIME <b>1734</b>	ARRIVAL TIME <b>1736</b>	TIME IN SERVICE <b>2347</b>		
<b>SITUATION FOUND</b>		22-Air Gas Rupture 32-Emergency Medical call	44-Power line down 45-Arcing electric equipment	55-Assist Police 56-Unauthorized burning	72-Bomb Scare 73-Alarm Malfunction 74-Unintentional false 99-Unclassified <b>Hazardous condition 49</b> <b>STAND BY</b> see page 17-19						
<b>ACTION TAKEN</b>		4-Remove Hazardous 5-Stand by 6-Salvage 7-Ambulance	8-Move up 9-Not classified 0-Undetermined	<b>MUTUAL AID</b>		1-Rec'd 2-Given N/A <b>N/A</b>					
<b>FIXED PROPERTY USE</b> (Occupancy) Pg 23-43 <b>N/A</b>			<b>IGNITION FACTOR</b> Pg 44-45 <b>N/A</b>								
<b>CORRECT ADDRESS</b> (Up to maximum of 21 characters) <b>7180 Cincinnati Zanesville Rd Lancaster O</b>							<b>ZIP CODE</b> <b>43130</b>	<b>CENSUS TRACT</b>			
<b>OCCUPANT NAME</b> (LAST, FIRST, MI) <b>Justice Micheal R</b>					<b>TELEPHONE</b> <b>5367494</b>		<b>ROOM or APT.</b>				
<b>OWNER NAME</b> (LAST, FIRST, MI) <b>Justice Micheal R</b>			<b>ADDRESS</b> <b>Same</b>			<b>TELEPHONE</b> <b>SAME</b>					
<b>METHOD OF ALARM</b>		4-Radio 5-Verbal 6-No alarm recd 7-Tie-line (911)	8-Voice signal municipal alarm signal 9-Not classified above 0-Undetermined or not reported	<b>CO. INSPECTION DISTRICT</b> <b>4</b>		<b>SHIFT</b>		<b>NO. ALARMS</b>			
<b>NO. FIRE SERVICE PERSONNEL RESPONDED</b> <b>17</b>		<b>NO. ENGINES RESPONDED</b> <b>1</b>		<b>NO. AERIAL APPARATUS RESPONDED</b> <b>0</b>		<b>NO. OTHER VEHICLES RESPONDED</b> <b>1</b>					
<b>NUMBER OF INJURIES</b>				<b>NUMBER OF FATALITIES</b>							
<b>FIRE SERVICE</b> <b>0</b>		<b>OTHER</b> <b>0</b>		<b>FIRE SERVICE</b> <b>0</b>		<b>OTHER</b> <b>0</b>					
<b>COMPLEX</b> Pg 61-62 <b>N/A</b>			<b>MOBILE PROPERTY TYPE</b> Pg. 63-65 (Complete Line S) NA = 08 <b>N/A</b>								
<b>AREA OF FIRE ORIGIN</b> Pg 67-68 <b>N/A</b>			<b>EQUIPMENT INVOLVED IN IGNITION</b> Pg 71-72 (Complete Line T) 98 <b>N/A</b>								
<b>FORM OF HEAT IGNITION</b> Pg 74-76 <b>N/A</b>		<b>TYPE OF MATERIAL IGNITED</b> Pg 78-79 <b>N/A</b>			<b>FORM OF MATERIAL IGNITED</b> Pg 80-81 <b>N/A</b>						
<b>METHOD OF EXTINGUISHMENT</b>		5-Pre-connect hose/tank only 6-Pre-connect hose/hydrant draft standpipe 7-Hand-laid hose/hydrant draft standpipe 8-Master stream device 9-Not classified above 0-Undetermined or not reported	<b>LEVEL OF FIRE ORIGIN</b>			1-Grade level to 9 ft 2-10 to 19 feet 3-20 to 29 feet 4-30 to 49 feet 5-50 to 70 feet		<b>ESTIMATED TOTAL DOLLAR LOSS</b> <b>N/A</b>			
<b>Number of Stories</b>			1-1 story 2-2 story 3-3 to 4 stories			4-5 to 6 stories 5-7 to 12 stories 6-13 to 24 stories			7-25 to 39 stories 8-50 stories or more 0-Number of stories undetermined or not reported		
<b>CONSTRUCTION TYPE</b>			1-Fire resistive 2-Heavy timber 3-Protected noncombustible			4-Unprotected noncombustible 5-Protected ordinary 6-Unprotected ordinary 7-Protected wood frame		8-Unprotected wood frame 9-Not classified above 0-Undetermined or not reported			
<b>EXTENT OF DAMAGE</b>		Flame Smoke	<b>DETECTOR PERFORMANCE</b>			<b>SPRINKLER PERFORMANCE</b>					
1-Confinement to the object of origin 2-Confinement to part of room or area of origin 3-Confinement to room of origin 4-Confinement to the fire-rated comp of origin 5-Confinement to floor of origin 6-Confinement to structure of origin 7-Extended beyond structure of origin 8-No damage of this type (N/A) 9-Undetermined or not reported		1 2 3 4 5 6 7 8 9 0	1-Det in room or space of fire origin - oper 2-Det not in rm or space of fire origin - oper 3-Det in rm or space of origin - no oper 4-Det not in rm or space of origin - not oper 5-Det in rm or space of fire origin but fire too small to oper 6-Not classified above 7-Not classified above 8-0-Undetermined or not reported 9-8-No detectors present (N/A)			1-Equipment operated 2-Equipment should have operated - did not 3-Equipment pre but fire too small to oper 4-Not classified above 5-Undetermined or not reported 6-0-Undetermined or not reported 7-8-No equipment present (N/A)					
<b>TYPE OF MATERIAL GENERATING MOST SMOKE</b> Pg 103-104 IF SMOKE SPREAD BEYOND ROOM OF ORIGIN			<b>AVENUE OF SMOKE TRAVEL</b>			1-Air handling duct 2-Corridor 3-Elevator shaft 4-Stairwell 5-Opening on construction 6-Utility opening in wall 7-Utility opening in floor 8-No avenue of smoke travel (N/A) 9-Not classified above					
<b>FORM OF MATERIAL GENERATING MOST SMOKE</b> Pg 108-109 <b>N/A</b>											
<b>IF MOBILE PROPERTY</b>			<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NO.</b>	<b>LICENSE NO.</b>				
<b>IF EQUIPMENT INVOLVED IN IGNITION</b>			<b>YEAR</b>	<b>MAKE</b>	<b>MODEL</b>	<b>SERIAL NO.</b>					
<b>MEMBER MAKING REPORT</b> <b>Keith H. Dennis</b>			<b>DATE</b> <b>5-9-97</b>		<b>OFFICER IN CHARGE (if different)</b> <b>Keith H. Dennis assistant Chief</b>				<b>DATE</b> <b>5-9-97</b>		

GRASS, TRASH FIRES, SHORT FORM

COMPLETE FOR ALL INCIDENTS

COMPLETE IF CASUALTY

COMPLETE FOR ALL FIRES

COMPLETE IF STRUCTURE FIRE

A  
B  
C  
D  
E  
F  
G  
H  
I  
J  
K  
L  
M  
N  
O  
P  
Q  
R  
S  
T  
U

Remarks **Engine 581 + Squad 581 requested to Stand By a scene during removal of Semi Tractor + Trailer involved in crash earlier this date, due to difficult removal circumstances.**

+++STE0000000

FAIRFIELD COUNTY SHERIFF  
DISPATCH INFORMATION

Date: 05/05/07 Time: 17:38 Dispatcher: #49 Transaction#: 444766

Type of Call: MIS MISCELLANEOUS  
Callers Name: RICHLAND PD  
Location : 32 AND COONPATH RD

Special Info:  
WILL BE OUT REF TO A SIG AT THE SCENE OF THE CA FROM THIS MORNING;

Unit#	ISS	ENR	ASC	CLK	LEG	INS	INQ	COMP	REPORT
ESS1	17:34	17:34	17:36	22:59		22:59	23:03		
SS81	17:40	17:40	17:42	23:44		23:44	23:47		

Keith Nennis

Jeff Skull

Brad Skull

Chuck Shore

Randy Buyer

Ralph Huges

Reck James

Roger Dipton

Gene Hill

Vaughn Brotst

Bertha Brotst

Dave Krieb - station

Rick Collins - station

Lowell Fisher - station

Dave Savage

Steve Vandermarke —

Sandra Brotst

Bob Buyer

Charlett Buyer —

# RICHLAND TOWNSHIP FIRE DEPARTMENT EMS RUNSHEET

3150 Market Street, Rushville, OH 43150  
Phone (614) 536-7313 or 536-9009

DISPATCH / INCIDENT

**E97-101**  
RUN NO.

**5-8-97**  
DATE

**5-581**  
UNIT NO.

**7180 Civic - Danville Rd**  
DISPATCH LOCATION

**E-581**  
ADDITIONAL UNITS

**1740**  
DISPATCHED

- 1  PAS/TELE      3  911
- 2  RAD/PAG      4  MESS./W.I.

**S:13 at scene of c4 from this morning**  
DISPATCH MESSAGE

**1740**  
ENROUTE

RUN JURISDICTION  
OCCURRED IN **Richland**

**PT.'S MODE OF TRAVEL**

- 1  AIRCRAFT
- 2  AUTOMOB
- 3  BICYCLE
- 4  FARM IMPLEMENT
- 5  MOTORCYCLE/BIKE
- 6  PEDESTRIAN
- 7  RAIL
- 8  RECREATIONAL
- 9  TRUCK
- 0  \_\_\_\_\_

**PT.'S VEH. DAMAGE**

- 1  MILD
- 2  MODERATE
- 3  SEVERE

**PT. WEARING**

- SEATBELT/HELMET**
- 1  NO
  - 2  YES
  - 3  UNKNOWN

**1743**  
ARRV. SCENE

CONTROLLED BY  
(DEPT. NOT VEH.) **Richland**

**PT.'S VEH. ROLLOVER**

- 1  NO
- 2  YES
- 3  UNKNOWN

**WEATHER CONDITION**

- 1  CLEAR/CLOUDY
- 2  FOG
- 3  RAIN      TEMP. \_\_\_\_\_
- 4  ICE      5  SNOW

TO HOSP.

- 1  BUSINESS/INDUSTRIAL
- 2  CLINIC/PHYS. OFFICE
- 3  HOME/RESIDENCE
- 4  NURSING/REST HOME
- 5  RECREATIONAL AREA
- 6  RIVERS, LAKES, STREAMS
- 7  RURAL/FARM
- 8  SCHOOL/DAYCARE
- 9  STREET/HIGHWAY
- 10  WORK PLACE
- 11  \_\_\_\_\_

ARRV. HOSP.

**23:44**  
IN SERVICE

**23:47**  
IN QUARTERS

\*\* FOR VEHICULAR INCIDENTS ONLY \*\*

PATIENT INFO

PATIENT - LAST, FIRST, M.I.		AGE/DOB	RACE	SEX	SSN OR TRIAGE TAG NO.
STREET ADDRESS			PHONE	PARENT / GUARDIAN	
CITY	STATE	ZIP	INSURANCE	FAMILY PHYSICIAN	

CHIEF COMPLAINT	PAST MEDICAL HISTORY
MEDICATIONS	ALLERGIES
L.O.C.	PUPLS
REFR MOTOR	HEAR HEAR

YES   
C.D.E.



Food

6 cases of Pop

Coffee + Cups

Sandwiches ~~\$48.50~~ \$98.50

Item on 5-8-97

Equipment

6 face shields \$1.00 each

6 sets of Fire Service gloves \$34.00 each

Cleaning 5 sets of turn out gear

Film 3 rolls 36

1 Video Tape

Engine 3 1/2 Hrs in AM 6 1/2 Hrs PM

Squad 3 1/2 " "

Tanker 3 1/2 "

Rescue 3 1/2 Hrs "

medic 3 1/2 Hrs "

Hay materials 2-10 ft Rigs 6" need Replaced to 570