

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO. 23-184-23	<input checked="" type="checkbox"/> OH-2 <input checked="" type="checkbox"/> OH-3	REPORTING AGENCY STATE HIGHWAY PATROL OHP-23	N.C.I.C.
REPORT TAKEN <input type="checkbox"/> AT STATION <input checked="" type="checkbox"/> AT SCENE	NO. OF VEH PEDESTRIANS INVOLVED 1	CRASH SEVERITY (CHECK MOST SEVERE) <input type="checkbox"/> FATAL <input checked="" type="checkbox"/> INJURY <input type="checkbox"/> PROPERTY DAMAGE ONLY	COMBINED VEH/PROP LOSS <input checked="" type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150
IN COUNTY OF FAIRFIELD	IN <input type="checkbox"/> CITY <input type="checkbox"/> VILLAGE <input checked="" type="checkbox"/> TWP OF HOCKING	DATE OF CRASH: DAY 02 19 98 THU	TIME: MILITARY 1700
CRASH OCCURRED ON US 22		WITHIN THE INTERSECTION OF	
IF NOT IN INTERSECTION MILES: 120 FEET <input checked="" type="checkbox"/> N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W OF TWP RD 189			

LOCAL FILE NO.

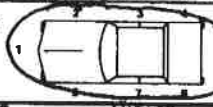
UNIT NO. 1	NO. OF OCCUPANTS 1	OPERATING <input checked="" type="checkbox"/> PARKED <input type="checkbox"/> DRIVERLESS <input type="checkbox"/> HIT & RUN <input type="checkbox"/> NON-CONTACT <input type="checkbox"/>	INSURANCE CO. OR AGENT Hummel + Plum
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DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI) WRST, ROCK S.	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE) 1043 ST RT 22 LT 4, CIRCLEVILLE, OH, 43113
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PHONE NO. 740-653-3570	BIRTH DATE 08 07 62	AGE 35	SEX M	SOCIAL SECURITY NO.	STATE OH	DRIVER'S LICENSE NO. RR175052	OCCUPATION TRUCK DRIVER
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OWNER (IF SAME AS DRIVER, WRITE SAME) GIBSON, MATTHEW L.	ADDRESS 20751 LONDON RD., CIRCLEVILLE, OH 43113	PHONE 740-474-2819
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VEH YR 88	MAKE PETERBILT	MODEL 377	COLOR RED	STYLE TRK	STATE OK	LICENSE PLATE NO. 11G189	TOWING SERVICE RUSTY'S	VEH/PED DIR FROM W TO E
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CIRCLE DAMAGE AREAS 	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input checked="" type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input checked="" type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input checked="" type="checkbox"/> TOWED	FIRE <input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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UNIT NO.	NO. OF OCCUPANTS	OPERATING	PARKED	DRIVERLESS	HIT & RUN	NON-CONTACT	INSURANCE CO. OR AGENT
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DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)	ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)
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PHONE NO.	BIRTHDATE	AGE	SEX	SOCIAL SECURITY NO.	STATE	DRIVER'S LICENSE NO.	OCCUPATION
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OWNER (IF SAME AS DRIVER, WRITE SAME)	ADDRESS	PHONE
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VEH YR	MAKE	MODEL	COLOR	STYLE	STATE	LICENSE PLATE NO.	TOWING SERVICE	VEH/PED DIR
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CIRCLE DAMAGE AREAS 	DAMAGE SEVERITY <input type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING	DAMAGE SCALE <input type="checkbox"/> NONE <input type="checkbox"/> LIGHT <input type="checkbox"/> HEAVY	VEHICLE DISPOSITION <input type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED	FIRE <input type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE
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DRIVER-PEDESTRIAN-VEHICLE SECTION

OCCUPANT SECTION

FROM UNIT NO.	NAME (LAST, FIRST, MI)	BIRTHDATE	AGE	POSITION	INJURIES
		M D Y		A B C D E F	1 2 3 4 5

INJURED TAKEN TO FAIRFIELD MEDICAL CENTER / AMANDA EMS	BY
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INJURED TAKEN TO	BY
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<input checked="" type="checkbox"/> O.R.C. CITY ORD: 4511.202 FAILURE TO CONTROL	OFFENSE CHARGED AND DESCRIPTION
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<input type="checkbox"/> O.R.C. CITY ORD:	OFFENSE CHARGED AND DESCRIPTION
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RECEIVED CALL 1708	DISPATCHED 1708	ARRIVED 1720	CLEARED 0425	OTHER TIME 120	TOTAL MINUTES 773
DATE REPORT FILED 02 19 98	PHOTOS <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	OFFICER'S NAME TPR J.D. Lott	BADGE NO. 279	CHECKED BY CL	

POLICE ACTION

OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

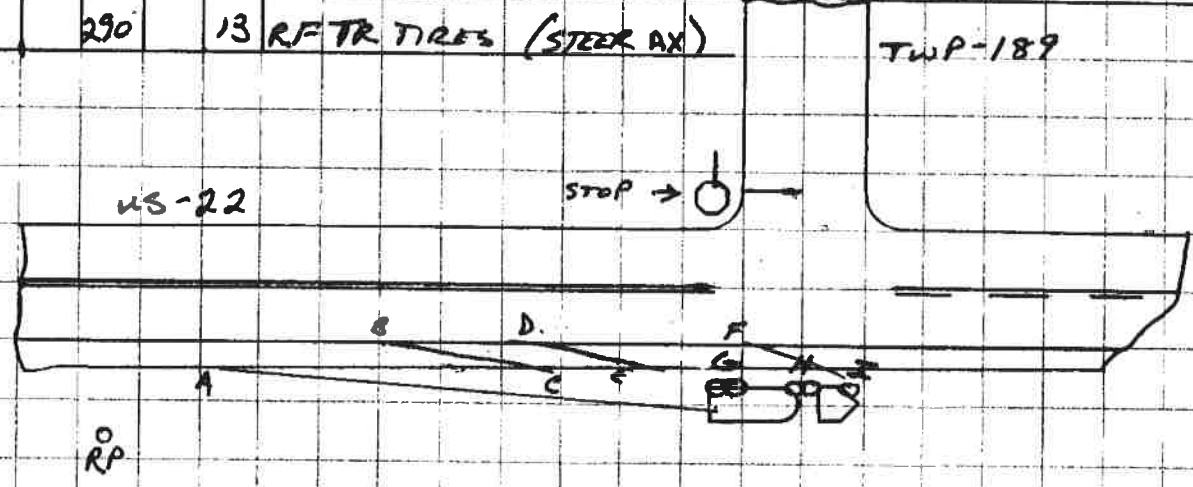
LOCAL REPORT NUMBER 23-184- 23	REPORTING AGENCY STATE PATROL	DATE OF ACCIDENT M 2 19 98
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION US-22 AT TWP 189 BELKS KNOB RA	

RP TRACK OK 116187 RD CONVENTIONAL



RP TR IND. 153718 SILV TANKER CARRYING 9500 LBS PROPANE. EST.

	N	E	W	S	DESCRIPTION
A		131 ⁵		Ø	RT SIDE LEAVES ROADWAY. BACK RR TL TIRES START OVER EMBANKMENT
B		153 ⁹		Ø	LR TL TIRES LEAVE ROADWAY.
C		175 ¹¹		2'	LR TL TIRES OFF BERM START OVER EMBANKMENT.
D		161 ⁷		Ø	LR TR TIRES OFF ROADWAY
E		212 ³		2'	LR TR TIRES OVER EMBANKMENT.
F		284		Ø	LF TR TIRES OFF ROADWAY
G		230 ⁵		17	RR TL TIRES (REAR AXLE)
H		266 ¹		15	RR TR TIRES (REAR DRIVE AX)
I		290		13	RF TR TIRES (STEER AX)



RP UTILITY POLE 75
 BASE LINE WHITE EDGELINE SOUTH EDGE US 22
 RP TO BASE 13

OFFICERS SIGNATURE <i>[Signature]</i>	BADGE NO. 1440
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 23-184-23	REPORTING AGENCY STATE HIGHWAY PATROL	DATE OF ACCIDENT MO 02 19 98
IN COUNTY OF FAIRFIELD	ACCIDENT LOCATION US 22	

- PROPERTY DAMAGE

① 75 FT OF FENCE - WIRE
- OWNER - FRED LIFER
3145 CINCINNATI ZANESVILLE RD SW
LANCASTER, OH 43130
PHONE # 654-1224 (740)
- OWNER WAS NOTIFIED

② NAUMAN BILL BOARD - BENT POST
- OWNER - NAUMAN OUTDOOR ADVERTISING CO.
743 S. COLUMBUS ST.
LANCASTER, OH 43130
PHONE # (740) 654-0084
- OWNER WAS NOTIFIED BY VOICE MAIL

③ PHONE BOX
- OWNER - AMERITECH
45 FRIEVEW
CLEVELAND, OH.
PHONE # 1-800-257-0902

- DRIVER OF TRUCK WAS TESTED FOR ALCOHOL AND DRUGS BY FAIRFIELD MEDICAL CENTER AT THE TRUCKING COMPANIES REQUEST.
- STAR GAS CORP (609) 482-0304

OFFICER'S SIGNATURE
T.P. J. D. [Signature]

BADGE NO.
279

OHIO TRAFFIC CRASH WITNESS STATEMENT

OH-3 REV 1/82

LOCAL REPORT NUMBER 23-184-23

REPORTING AGENCY STATE HIGHWAY PATROL

DATE OF CRASH 02 10 19 98

FOR LOCAL USE ONLY - DO NOT SUBMIT TO THE STATE EXCEPT FOR FATAL CRASHES

I, Rick West (PRINTED) HEREBY MAKE THIS VOLUNTARY STATEMENT TO

TPR J. D. LOTT 279 (OFFICERS NAME) AT HOSPITAL (LOCATION)

I was traveling east on 22 at a rate of 30 mph when I topped the hill before Beck's knob rd. I noticed cars turning left on Beck's knob and attempted to stop when I noticed I had no brakes. I also noticed on coming traffic coming towards me, and cars stopped on the road. The vehicle closest to me I could be kicked in the back seat. I tried the brakes again and still they would not work. At that time, I turned back to the right to avoid hitting the car with kids in it and went off the right side of the rd.

Q. WERE YOU WEARING YOUR SAFETY BELT? A. YES

Q. HOW FAR WAS THE CAR IN FRONT OF YOU WHEN YOU NOTICED THAT YOU NEEDED TO BRAKE? A. ABOUT AN 1/8 OF A MILE. I HIT THE BRAKES AND THEY DID NOT SEEMED TO BE WORKING

Q. AT ANY TIME PRIOR TO THE CRASH DID THE BRAKES WORK? A. THEY WERE WORKING AT US22 + SR159. WHEN I HIT THE BRAKES AT BECK'S KNOB, THE BRAKES DID NOT LOCK UP.

Q. WHEN WERE THE BRAKES LAST SERVICED? A. THEY WERE ADJUSTED MONDAY NIGHT, 02-16-98 - I HAD GOOD BRAKES ALL DAY.

ADDRESS OF WITNESS 1043 S. St. 22 W #4 Cora Hill OH 43113 PHONE 740-653-3510 SIGNATURE OF WITNESS Rick West OFFICERS SIGNATURE TPR J. D. LOTT 279

LOCAL REPORT NO. **23-184-23** DESCRIBE WHAT HAPPENED REFER TO UNITS BY NUMBER **UNIT 1 WAS TRAVELING EAST BOUND ON US 22, WITHIN THE DRIVER OF UNIT 1 NOTICED SEVERAL CARS STOPPED IN THE ROADWAY ATTEMPTING TO MAKE A LEFT TURN ONTO BECK'S KNOB. UNIT 1 WENT OFF THE RIGHT SIDE OF THE ROADWAY IN ORDER TO MISS THE STOPPED VEHICLES, UNIT 1 OVER TURNED AND CAME TO REST ON IT'S SIDE**

WEATHER 1 NO ADVERSE WEATHER 2 RAIN 3 SNOW 4 FOG 5 HIGH WIND 6 OTHER		FIRST HARMFUL EVENT 16 TWO MV IN TRANSPORT 1 HEAD ON 2 REAR-END 3 BACKING 4 SIDESWIPE MEETING 5 SIDESWIPE PASSING 6 ANGLE ONE MV IN TRANSPORT (COLLISION) 7 PARKED MOTOR VEH 8 PEDESTRIAN 9 ANIMAL 10 TRAIN 11 PEDALCYCLE 12 OTHER NON-M V 13 FIXED OBJECT 14 OTHER OBJECT (NON-COLLISION) 15 FALL FROM OR IN VEH 16 OVERTURNING 17 OTHER NON-COLLISION	
ROAD CONDITIONS 1 DRY 2 WET 3 SNOW 4 ICE 5 DIRT/SAND 6 OTHER		LOCATION 2 1 INTERSECTION 2 INTERSECTION-RELATED 3 DRIVEWAY ACCESS 4 RAILROAD CROSSING 5 BRIDGE-PASSING OVER 6 BRIDGE-PASSING UNDER 7 NON-INTERSECTION 8 PRIVATE PROPERTY	
LIGHT 1 DAYLIGHT 2 DAWN 3 DUSK 4 DARK NO LIGHTS 5 DARK-LIGHTED 6 OTHER			
ROAD CONTOUR 1 STRAIGHT LEVEL 2 STRAIGHT GRADE 3 CURVE LEVEL 4 CURVE GRADE			
OCCURRENCE 1 ON ROADWAY 2 OFF LEFT SIDE 3 OFF RIGHT SIDE 4 ON OPPOSING LANE OF A DIVIDED HIGHWAY			

TYPE OF UNIT 1 10 - - CAR 1 SUB-COMPACT 2 COMPACT 3 MID SIZE 4 FULL SIZE TRUCK 5 PICKUP 6 PANEL/VAN 7 STRAIGHT TRUCK 8 STRAIGHT TRUCK AND TRAILER 9 TRUCK TRACTOR 10 TRACTOR & SEMI-TRAILER 11 TRACTOR & DOUBLE TRAILER MOTORCYCLE 12 MC UP TO 350CC 13 MC351CC TO 750CC 14 MC OVER 751CC 15 MOTORIZED BICYCLE BUS 16 SCHOOL 17 CHURCH 18 PUBLIC BUS EMERGENCY 19 POLICE VEHICLE 20 FIRE TRUCK 21 AMBULANCE/RESCUE OTHER 22 TAXI 23 MOTOR HOME 24 TRAIN 25 FARM VEHICLE 26 FARM EQUIPMENT 27 SNOWMOBILE 28 CONSTRUCTION EQUIP 29 ANIMAL W/RIDER 30 ANIMAL W/BUGGY 31 BICYCLE 32 ALL OTHERS P - PEDESTRIAN		PRE-CRASH ACTIONS A 1 B - DRIVER ACTIONS 1 GOING STRAIGHT 2 TURNING RIGHT 3 TURNING LEFT 4 TURNING ON RED LIGHT 5 U TURN 6 STOPPED TO TURN 7 STOPPED IN TRAFFIC 8 PARKING/UNPARKING 9 PARKED 10 BACKING 11 PASSING 12 CHANGING LANES 13 MERGING/EXITING RAMP 14 OUT OF CONTROL 15 SWERVING 16 DRIVERLESS VEH 17 OTHER DRV ACTIONS TRAFFIC CONTROL A 12 B - DRIVER 1 NO CONTROLS 2 STOP SIGN 3 YIELD SIGN 4 TRAFFIC SIGNAL 5 TRAFFIC FLASHERS 6 SCHOOL ZONE 7 RAILROAD CROSSBUCKS 8 RAILROAD FLASHERS 9 RAILROAD GATES 10 CONSTR BARRICADES 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 OTHER PEDESTRIAN 14 NO CONTROLS 15 CROSSWALK LINES 16 WALK/DONT WALK DEVICE		CONTRIBUTING FACTOR A 4 B - PEDESTRIAN ACTIONS 18 CROSSING IN X-WALK 19 CROSSING OTHER THAN X-WALK (WITH TRAFFIC) 20 WALKING IN ROAD (AGAINST TRAFFIC) 21 WALKING IN ROAD (AGAINST TRAFFIC) 22 PLAYING IN ROAD 23 WORKING ON ROAD 24 ENTERING OR LEAVING VEHICLE 25 PUSHING/WORKING ON VEH IN ROAD 26 OTHER IN ROAD 27 ON SIDEWALK OR SHOULDER FIXED OBJECT STRUCK A 10 B - 1 NONE 2 UTILITY POLE 3 TRAFFIC SIGN 4 BRIDGE/CULVERT 5 GUARD RAIL 6 FENCE 7 TREE 8 SHRUBBERY 9 CURB 10 DITCH 11 EMBANKMENT 12 BUILDING 13 MAIL BOX 14 CONSTRUCTION BARRICADE 15 FIRE HYDRANT 16 OTHER OBJECT		DRIVER ERROR 1 NONE 2 FAILURE TO YIELD 3 UNSAFE SPEED 4 FOLLOWING TOO CLOSELY OR ACDA 5 RAN RED LIGHT 6 RAN STOP OR YIELD SIGN 7 IMPROPER TURN 8 IMPROPER PASSING 9 IMPROPER LANE CHANGE 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 LEFT OF CENTER 14 FAILURE TO CONTROL 15 DRIVER INATTENTION 16 DROVE OFF ROAD 17 OTHER DRIVER ERROR TRUCK LOAD A 5 B - 1 EMPTY 2 PERISHABLE GOODS 3 GENERAL FREIGHT 4 METAL/HEAVY MACHINERY 5 HAZARDOUS GAS 6 HAZARDOUS LIQUID 7 HAZARDOUS SOLID 8 RADIOACTIVE MATERIAL TRUCK AXLES A 5 B - TRACTOR-TRAILER RIGS		NON-DRIVER FACTOR 18 VEHICLE DEFECTS 19 LOAD SHIFTING 20 PAVEMENT DEFECT 21 SHOULDER DEFECT 22 DEBRIS ON ROAD 23 DOWNED TRAFFIC SIGN/DEVICE 24 VISION OBSTRUCTION 25 ANIMAL ACTIONS 26 PEDESTRIAN ACTIONS VEHICLE DEFECTS CODE IF CONTRIBUTING FACTOR IS 18 PRIMARY A B SECONDARY A B 1 TURN SIGNALS 2 HEAD LAMPS 3 TAIL LAMPS 4 BRAKES 5 STEERING 6 TIRE BLOWOUT 7 WORN OR SLICK TIRES 8 TRAILER EQUIPMENT DEFECTIVE 9 MOTOR TROUBLE 10 DISABLED FROM PRIOR ACCIDENT 11 OTHER DEFECTS	
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HSY 7001

CAUSE CODE - 100 B

OHIO TRUCK & BUS CRASH REPORT SUPPLEMENT

OH-5 (04-01-95)
HSY 7005

THIS REPORT MUST BE USED TO SUPPLEMENT THE OH-1 CRASH REPORT IF THE CRASH INVOLVED AT LEAST ONE CONDITION FROM EACH BOX BELOW:

The crash INVOLVED one or more of the following:

A truck (motor vehicle) with at least 2 axles and 6 tires; or

A truck (motor vehicle) with hazardous materials placed; or

A bus designed for at least 16 persons, including driver.

AND

The crash RESULTED in one or more of the following:

A fatality; or

An injury requiring transportation for immediate medical treatment; or

At least one vehicle was towed due to disabling damage or required intervening assistance before proceeding under its own power.

CRASH DATA

LOCAL REPORT NUMBER 213-1184-23		REPORTING AGENCY STATE HIGHWAY PATROL		NCIC ORI O.H.P. - 12300	
COUNTY FAIRFIELD	IN CITY	VILLAGE	TOWNSHIP OF HOCKING	DATE OF CRASH 10/21/98	TIME (24 HR. CLOCK) 11:09
LOCATION: NUMBER/NAME OF HIGHWAY/STREET US 22					
IF NOT IN INTERSECTION (LIST NEAREST INTERSECTING STREET, MILEPOST, HOUSE NUMBER) MILES 1.20 FEET (W) S E OF TWP RD 189					
NUMBER OF FATALITIES RESULTING FROM CRASH 00			NUMBER OF INJURIES RESULTING FROM CRASH 01		

DRIVER

UNIT NUMBER	TRUCK/BUS DRIVER'S LAST NAME WEST	FIRST RICK	MIDDLE INITIAL S
SSN	CDL CLASS <input checked="" type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D	DRIVERS LICENSE NUMBER RR175052	STATE OH

CARRIER

SOURCE OF NAME (CHECK 1 ONLY)	<input type="checkbox"/> VEHICLE SIDE	<input type="checkbox"/> SHIPPING PAPERS	<input type="checkbox"/> DRIVER LOGBOOK	<input checked="" type="checkbox"/> OTHER REGISTRATION
NAME STAR GAS PROPANE LP				
STREET ADDRESS 3110 ROUTE 73 NORTH				
CITY MAPLE SHADE		STATE OH	ZIP CODE 43052	
CARRIER'S ID NUMBERS:	US DOT 01165721	ICC MC	PUCO	

VEHICLE

SEQUENCE OF EVENTS (ENTER THE ORDER OF EVENTS BY CODE NUMBER FOR THIS VEHICLE)	VEHICLE CONFIGURATION <u>6</u>	CARGO BODY TYPE <u>3</u>
1st Event <u>01</u> 2nd Event <u>03</u> 3rd Event <u> </u> 4th Event <u> </u>	1 Bus 2 Single Unit Truck; 2 Axles, 6 Tires 3 Single Unit Truck; 3 or More Axles 4 Truck/Trailer 5 Truck Tractor (Bobtail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other - cannot classify	1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other
NUMBER OF AXLES ON VEHICLE (INCLUDING TRAILERS) <u>05</u>	GROSS VEHICLE WEIGHT RATING <u>80000</u> LBS.	
Was any vehicle towed as a result of damage received? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	Was vehicle carrying hazardous materials? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
Was hazardous cargo from vehicle released? (Don't count fuel from fuel tank) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	VIN <u>90800091389082327</u>	
Placard number from diamond box <u>10715</u>	Number from bottom of diamond <u> </u>	

Officer Signature TAR A. D. York Badge/ID No. 279

DISPOSITION OF REPORT: THE ORIGINAL IS INCLUDED WITH THE OH-1 AS A PERMANENT PART OF THE CRASH INVESTIGATION. FORWARD COPY TO: OHIO DEPARTMENT OF PUBLIC SAFETY, TRAFFIC CRASH RECORDS, 1952 WEST BROAD STREET, COLUMBUS, OH 43223.

**FAIRFIELD COUNTY
SPECIAL OPERATIONS TEAM**

Safety Officer Checklist

CHECK LIST

- Obtain Briefing from Incident Commander
- Assign Safety Assistants as needed
- Identify and Evaluate Hazards
- Alter, Suspend or Terminate any activity judged to be IDLH
- Hot, Warm & Cold Zone Proper size
- Assess Apparatus placement
- Fill Out Site Safety Plan

PRIOR TO ANY ENTRY

- Chemical compatibility checked
- Proper level of protection chosen
- ~~NA~~ on Properly Set Up
- Review Emergency Hand Signals
- Review Emergency Evacuation Signals
- SCBA and Suits properly donned
- Maintain List of all units within Hot Zone

1900 HAS - WRECKED ON SCENE AND ALL NOW ESSENTIAL

EQUIP + PERSON, MOVED TO TOP HILL EAST

HOZ POST AND EXTRA EQUIP MOVED TO W-POSTION,

1930 ADVISED TO HAVE POW W/M/- WRECKER DRIVERS

CONFERENCE HELD,

CHECK W - I C - TO SURVEY HOT-WARM TO FURNISH

NOW ESSENTIAL - OUT OF AREA.

SAFETY CK - ✓ ✓ ✓ ✓ ✓

OFFLOAD 25% PRIOR TO DIE BAG - ALL PERSONNEL OK ON SCENE

**INSTRUCTIONS FOR COMPLETING THE SITE SAFETY AND CONTROL PLAN
(ICS FORM 208)**

Prior to the Haz Mat Group starting operations within the Exclusion Zone a Site Safety And Control Plan must be completed by the Haz Mat Group Supervisor and reviewed by all within the Haz Mat Group.

Item Number	Item Title	Instructions
1.	Incident Name/Number	Print Name and/or Number of Incident.
2.	Date and Time	Enter Date and Time prepared.
3.	Operational Period/Time	Enter the Time of the entry into the Exclusion Zone.
4.	Incident Location	Enter the address and/or map coordinates of the Incident.
5-14.	Organization	Enter names of all ICS positions filled (5 & 8 mandatory).
15 -16.	Entry Team/Decon Element	Enter names and level of PPE of Entry & Decon personnel. (Entry 1 - 4 mandatory buddy system and equal backup).
17.	Material	Enter names and preamator information of all known chemical products, UNK if not known. Include any Comments that apply to chemical properties.
18 -21.	Hazard Monitoring	List the instruments which will be used for chemical identification and atmospheric monitoring. Include any Comments which apply to risk annalist.
22.	Decontamination Procedures	If modifications to standard decon procedures check NO and make appropriate Comments including type of solutions.
23.	Site Communications	Enter the radio frequency which apply.
26 - 27.	Medical Assistance	Enter Comments if NO is checked.
28.	Site Map	Sketch or attach a site map which defines all locations and layouts of operational zones. (check boxes are mandatory to be identified)
29.	Entry Objectives	List all objectives to be preformed by the Entry Team into the Exclusion Zone and any parameters which will alter or stop entry operations.
30.	Emergency Procedures	List in Comments if any modifications to SOP's and any emergency procedures which will be effected if a emergency occurs while personnel are within the Exclusion Zone.
32 -34.	Safety Briefing	As the Site Safety Plan is reviewed, have the appropriate signature placed in the box. When the safety briefing is completed note the time in box 32.

SITE SAFETY AND CONTROL PLAN	1. Incident Name: LPG - CRUMLEY 22	2. Date Prepared: 2-18-98	3. Operational Period Time:										
Section I. Site Information													
4. Incident Location: STE RT^L 22 + CRUMLEY RD													
Section II. Organization													
5. Incident Commander: SIMPSON / PHENTON ROW.	6. HM Group Supervisor:	7. Tech. Specialist - HM Reference:											
8. Safety Officer: Steve Sals	9. Entry Leader: H. SMITH	10. Site Access Control Leader:											
11. Asst. Safety Officer - HM:	12. Decontamination Leader: [REDACTED]	13. Safe Refuge Area Mgr.:											
14. Environmental Health:													
15. Entry Team (Buddy System)		16. Decontamination Element											
Name:	Level	Name:	Level										
Entry 1 H. SMITH		Decon 1											
Entry 2 MIKE SMITH		Decon 2											
Entry 3 CAMPBELL		Decon 3											
Entry 4 CARVAHAN		Decon 4											
Section III. Hazard/Risk Analysis													
17. Material LPG 1075	Container type	Qty.	Phys. State	pH	IDLH	FP.	I.T.	V.P.	V.D.	S.G.	LEL	UEL	
		9415 GAL											
:													
Comment: NO LEAK - COLD TEMPS - NIGHT													
Section IV. Hazard Monitoring													
18. LEL Instrument(s): SURVEAR. 522						19. O ₂ Instrument(s):							
20. Toxicity/PPM Instrument(s):						21. Radiological Instrument(s):							
Comment:													
Section V. Decontamination Procedures													
22. Standard Decontamination Procedures:				YES:	NO:	Comment:							
Section VI. Site Communications													
23. Command Frequency				24. Tactical Frequency:				25. Entry Frequency:					
Section VII. Medical Assistance													
26. Medical Monitoring		YES:	NO:	27. Medical Treatment and Transport In-place					YES:	NO:			
Comment:													

Section VIII. Site Map

28. Site Map:



- Weather
- Command Post
- Zones
- Assembly Areas
- Escape Routes
- Other

Section IX. Entry Objectives

29. Entry Objectives:

Section X. SOP'S and Safe Work Practices

30. Modifications to Documented SOP's or Work Practices	YES:	NO:	
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Comment:

Section XI. Emergency Procedures

31. Emergency Procedures:

Section XII. Safety Briefing

32. Asst. Safety Officer HM Signature:	Safety Briefing Completed (Time):
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33. HM Group Supervisor Signature:	34. Incident Commander Signature:
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FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

Hazmat Officer Checklist

- Obtain Briefing from Incident Commander
- Brief team, Assign positions
- Make sure zones are set up
- Determine if this is a working incident
if yes notify EPA
- Determine decon needs *NO decon yet*
- Identify and Evaluate Hazards and possible solutions
- Determine entry goals
- Assemble needed equipment
- See LAMINATED HAZMAT GOALS AND OBJECTIVES sheet for options

PRIOR TO ANY ENTRY

- Brief entry team
- NA* Confirm decon is ready
- Review Emergency Hand Signals
- Review Emergency Evacuation Signals

AFTER COMPLETION

- Get report information
- Replace equipment
- Debrief and critique

MATT GIBSON

GIBSON TRUCKING

207 51 LONDON RD

CIRCLEVILLE OH 43113

740 474 2819

AMM
AMM

FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

Incident Command Sheet

Incident Commander RON SIMPSON F.D. AMANDA

INCIDENT COMMANDER	SAFETY OFFICER <u>Steve SELLS</u>
	PLANNING <u>BAKER</u>
	LOGISTICS <u>D. OGG</u>

East
1 E521
Thanta B
Smith
Rossy

SPECIAL OPS OFFICER BROBST

DECON OFFICER	NAME 1 _____	NAME 5 _____
	NAME 2 _____	NAME 6 _____
	NAME 3 _____	NAME 7 _____
	NAME 4 _____	NAME 8 _____
	_____	_____

east
amanda
521 7525 R527
Greenfield
West
Clearcreek
E-G. 515-514
amanda E522
G 526

LEAD TENDER TIMER <u>HOFFMAN</u>	ENTRY 1 <u>SMITH</u> TENDER
	ENTRY 2 <u>MIKE SMITH</u> TENDER
	ENTRY 3 _____ TENDER
	B.O. 1 <u>CARNAHAN</u> TENDER
	B.O. 2 <u>CAMBER</u> TENDER
	B.O. 3 _____ TENDER

REASERCH OFFICER DANNY SELLS

MEDICAL OFFICER JOHN ADAMS

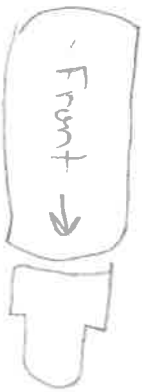
Home

Home

Becks knob



Homes



Rt 22 home-stor

12

Home

FAIRFIELD COUNTY
SPECIAL OPERATIONS TEAM

Planning Officer Form

CHECK LIST

- Obtain Briefing from Incident Commander
- Assign Planning Assistants as needed
- Maintain List of all Equipment and personnel on the scene
- Diagram area for future training (other side)
- Assist IC with developing action plan

APPARATUS & PERSONNEL LIST

UNIT	NAMES	I.C. & RANK
	R527, E562, T525, E521, 6520, 514	M522
	T517, E515, H2 Mat Tols Trailer, R531, T532	
Team	Bill Bradst, Sells, Kraner, Baker, P Sells, Campbell	
	Carraban, Smith	

EWMA

FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

Logistics Officer Form
CHECK LIST

22
Becks Knob

- Obtain Briefing from Incident Commander
- Assign Logistics Assistants as needed
- Maintain List of all used and Discarded Equipment
- Provide Rest Area
- Provide Food, Drink and Restroom Facilities
- Locate any needed supplies

300' cable
6 Vise Grips
22 BAR
687-1235

EQUIPMENT LIST

Number	ITEM	COST
18:36	Ordered Food for 40 M ^{CD} Memorial Dr.	
19:30	Fuel from Millisett oil on scene 3000	
19:40	Coffee from AMANDA.	
19:55	300' cable, 6 Vise Grips, 22 BAR From Louis G. R-531 to Pick up.	
23:35	Fuel from Millisett oil AGAIN	

FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

RESEARCH OFFICER DATA SHEET

Name of Research Officer Dan Sells
 Date 2/19/98 Time _____ Address Route 22 and Becks knob
 Given name of chemical Liquified Petroleum Gas
 synonyms LPG, ~~PROPANE~~

_____ Contact **Poison control** at 228 1323 and give basic details.

_____ Contact **PUCO** at 644 5479 if a "transportation" incident

DOT UN # 1075 Hazard class Flammable CAS # 68476-85-7

NFPA 704 Health 1 Flamability 4 Reactivity 0 SP _____

Quantity Involved 9,415 Amount released _____

PUCO

846-4566
John Canty

I Physical Properties		source pg
Normal Physical State	solid liquid <u>gas</u>	_____
Vapor density	<u>-20°F @ 23680</u>	<u>USCG</u>
Specific gravity	<u>0.50 + 0.58</u>	<u>USCG</u>
Solubility	<u>insoluble @ -58°F</u>	<u>USCG</u>
Boiling Point	<u>-40°F AT 760mm</u>	<u>USCG</u>
Melting/freezing point	<u>N/A</u>	_____
Vapor pressure	<u>1313.56 mm @ -20°F</u>	<u>USCG</u>
other	_____	_____
notes	<u>CANUO</u>	

II Toxic Properties		source	pg
Inhalation Hazard	yes <input checked="" type="radio"/> no		
Ingestion Hazard	yes no		<u>W/A</u>
Absorption Hazard	skin: <input checked="" type="radio"/> yes no frostbite		
	eyes: yes no		
IDLH	19,000 ppm <u>1000 ppm</u>		<u>USCG</u>
TLV			<u>USCG</u>
notes			

III Flammability Properties		source	pg
Flash Point	<u>-156°F</u>		<u>USCG</u>
Autoignition Temp	<u>76° to 871° F</u>		<u>USCG</u>
LEL/LFL	2.2% Propane 1.8% butane		<u>USCG</u>
UEL/UFL	9.5% Propane 8.4% butane		<u>USCG</u>
Toxic bi-products...			
notes			

IV Reactivity Properties		source	pg
Water Reactive	yes <input checked="" type="radio"/> no		
Product reacts violently with...	<u>W/A</u>		
notes			

V Corrosive Properties	source pg
ph _____ acid _____ base _____	
Neutralizing Agents _____	

notes	

VI Radioactive Properties	source pg
Alpha _____	_____
Beta _____	_____
Gamma _____	_____

WIA

Type of release gas liquid solid

product is releasing into the air water ground

Recommended Level of initial entry Level A Level B

 Level A w/Flash Level B w/firegear

Hot zone _____

Warm zone _____

Cold zone _____

Actions taken _____
