

## INCIDENT REPORT

Lancaster Fire Department

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FDID	INCIDENT NO	EXP NO	MO	DAY	YR	DAY OF WEEK	ALARM TIME
23011	01-000166	00	02	07	01	Wednesda 4	03:58:00

**NARRATIVE**

ENGINE 1 RESPONDED TO GRANVILLE PIKE NEAR OU-L FOR REPORTED TRACTOR-TRAILER JACK-KNIFED/ FUEL LEAKING. UPON ARRIVAL FOUND FCSSO AND LPD ON SCENE OF SEMI-TRUCK WITH FUEL TANK RUPTURED AND LEAKING DIESEL FUEL. ROAD IS CLOSED BY LPD AND FCSSO IN BOTH DIRECTIONS. DRIVER IS OUT OF TRUCK WITH NO COMPLAINT OF INJURIES. TRUCK HAS DUAL 100 GALLON TANKS. PASSENGER SIDE TANK IS UNDAMAGED. DRIVER SIDE TANK HAS A TEAR AT THE TOP REAR SIDE AND IS LEAKING. NO OTHER HAZARDS NOTED. CALLED CAPTAIN FOR CONTAINER TO CATCH FUEL. WE THEN SPREAD GREEN STUFF TO PREVENT FURTHER RUNOFF. CLEANUP COMPANY CONTACTED. CAPTAIN KRANER ARRIVED WITH CONTAINERS AT 0418. USED CONTAINER TO CATCH FUEL. AT 0455 SPOKE WITH TODD TAYLOR OF EPA AND ADVISED HIM OF SITUATION. AT 0500 DRIVER COMPLAINED OF NECK/BACK PAIN, CALLED FOR MEDIC 3 (MEDIC RUN #473). COMPANY WRENCH ARRIVED AT 0500 FOR CLEANUP. CONTACTED EH-3 TO GET FUEL PUMP FROM HAZ-MAT TRUCK FOR COMPANY WRENCH TO PICK UP. ESTIMATED FUEL SPILL IS 20-30 GALLONS, AND WE CAUGHT 5 GALLONS IN CONTAINER. COMPANY WRENCH ARRIVED WITH FUEL PUMP AND ENGINE 1 CLEARED AT 0537.  
BATES TRUCKING TRUCK #914; 507 SLOCUM STREET; 653-8207.  
DRIVER; SAM VANHOOSE, NELSONVILLE, OH; 740 763-1376.

02/07/2001 07:06 R. SHICK

**EMERGENCY MANAGEMENT AGENCY  
OF  
FAIRFIELD COUNTY**

Administrative Office: 111 N. Broad St., PO Box 626, Lancaster, OH 43130-0626  
Emergency Operations Center: 342 W. Wheeling Street

**County Commissioners**

*Judith K. Shupe  
Allen Reid  
Jon Myers*

*Fax 740/653-5690  
Emergency 740/653-5223*

**Director**

*Daniel Bolger, P.E.  
740/654-4357 (Off.)  
740/681-4357 (Res.)*

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**February 28, 2001**

Jim Bates  
Bates Trucking  
507 Slocum Street  
Lancaster OH 43130

Phone: 653-8207

Re: Hazardous materials spill on February 7, 2001

Dear Jim:

Ohio and Federal regulations require a written follow-up to releases or discharges of hazardous materials within thirty days of the incident. Details are spelled out in the highlighted sections of the enclosed sheets. Your clean-up contractor's documentation should also be attached as part of the report.

Your response is to be mailed to my attention at PO Box 626, Lancaster. Also send a copy to Ohio EPA DERR-ER, Attention SERC Records Management, Lazarus Government Center, 122 Front Street, Columbus, OH 43215.

If you have any questions about completion, please call me. This will close the file as far as we are concerned.

Very truly yours,

Dan Bolger

Attachment: Release Reporting of a Hazardous Substance from SERC Filing Booklet

# HAZARDOUS MATERIALS INCIDENT REPORT

Lancaster Fire Department

HA

FDID <b>23011</b>	INCIDENT NO <b>01-000166</b>	EXP NO <b>00</b>	MO <b>02</b>	DAY <b>07</b>	YR <b>01</b>	DAY OF WEEK <b>Wednesda 4</b>	<input type="checkbox"/> DELETE <input type="checkbox"/> CHANGE
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NFIRS-HMI  
1-90

<b>HB</b>	SPECIAL HAZMAT RESPONSE ACTIONS TAKEN 1. <b>Identification of Hazmat</b> <span style="float: right;"><b>42</b></span>	SPECIAL HAZMAT RESPONSE ACTIONS TAKEN 2. <b>Hazmat Response</b> <span style="float: right;"><b>97</b></span>
<b>HC</b>	SPECIAL HAZMAT RESPONSE ACTIONS TAKEN 3. <b>Standby, Firewatch</b> <span style="float: right;"><b>53</b></span>	SPECIAL HAZMAT RESPONSE ACTIONS TAKEN 4.
<b>HD</b>	GENERAL PROPERTY USE <b>Motor Vehicle</b> <span style="float: right;"><b>96</b></span>	AREA OF RELEASE <b>Highway, Public Way, Lot</b> <span style="float: right;"><b>92</b></span>
<b>HE</b>	RELEASE FACTORS: PRIMARY <b>Collision, Overturn,</b> <span style="float: right;"><b>71</b></span>	SECONDARY <b>Other Part Failure, Leak</b> <span style="float: right;"><b>54</b></span>
<b>HF</b>	EQUIPMENT INVOLVED IN RELEASE <b>Road Transport Vehicle</b> <span style="float: right;"><b>01</b></span>	TYPE WEATHER <b>Clear</b> <span style="float: right;"><b>1</b></span>
<b>HG</b>	ESTIMATED NUMBER OF CHEMICALS/HAZMAT <b>001</b>	TEMPERATURE <b>35 deg F.</b>
<b>HH</b>	DISPOSITION OF INCIDENT <b>Released to Private Agency</b> <span style="float: right;"><b>7</b></span>	PERSONNEL IDENTIFYING HAZMAT 1. <b>Fire Fighter</b> <span style="float: right;"><b>12</b></span>
<b>HI</b>	PERSONNEL IDENTIFYING HAZMAT 2.	REFERENCE MATERIAL USED TO IDENTIFY HAZMAT 1. <b>No Reference Material Used</b> <span style="float: right;"><b>98</b></span>
<b>HJ</b>	REFERENCE MATERIAL USED TO IDENTIFY HAZMAT 2.	NUMBER OF INJURIES FIRE SERVICE <b>000</b> OTHER <b>000</b>
<b>HK</b>	NUMBER OF FATALITIES FIRE SERVICE <b>000</b> OTHER <b>000</b>	CHEMICAL/HAZMAT TRADE NAME <b>DIESEL FUEL</b>
<b>HL</b>	DOT I.D. NO. <b>1993</b>	DOT HAZARD CLASS <b>Flammable Liquids</b> <span style="float: right;"><b>3</b></span>
<b>HM</b>	C.A.S. NO.	PHYSICAL STATE STORED <b>Liquid</b> <span style="float: right;"><b>2</b></span>
<b>HN</b>	EXTENT OF RELEASE <b>Confined to General Property</b> <span style="float: right;"><b>6</b></span>	PHYSICAL STATE RELEASED <b>Liquid</b> <span style="float: right;"><b>2</b></span>
<b>HO</b>	QUANTITY RELEASED <b>30</b>	UNIT OF MEASURE <b>Gallon</b> <span style="float: right;"><b>12</b></span>
<b>HP</b>	SUSPECTED ENVIRON. CONTAMINATION <b>Ground</b> <span style="float: right;"><b>3</b></span>	CONTAINER USE <b>Mobile Use</b> <span style="float: right;"><b>3</b></span>
<b>HQ</b>	SPECIAL CONTAINER FEATURES <b>No Special Container</b> <span style="float: right;"><b>8</b></span>	CONTAINER TYPE <b>Tank Or Silo</b> <span style="float: right;"><b>21</b></span>
<b>HR</b>	CONTAINER MATERIAL <b>Iron, Steel, Other Iron Alloy</b> <span style="float: right;"><b>1</b></span>	CONTAINER CAPACITY <b>100</b>
<b>HT</b>	UNIT OF MEASURE <b>Gallon</b> <span style="float: right;"><b>12</b></span>	TRANSPORT TYPE <b>Semi With Or w/Out Tractor</b> <span style="float: right;"><b>23</b></span>
<b>HU</b>	YEAR <b>93</b>	MAKE <b>KENWORTH</b>
	MODEL	VEH LICENSE NO. <b>PUC7007</b>
	STATE <b>O</b>	VEHICLE IDENTIFICATION NUMBER <b>J614454GL</b>
	ICC/DOT NUMBER <b>134385</b>	DRIVER'S LICENSE NUMBER
	STATE	
	<input type="checkbox"/> CHECK IF COMMENTS	
	SPECIAL STUDIES	
	1 a b c d	2 a b c d
	3 a b c d	4 a b c d
	5 a b c d	6 a b c d
	MEMBER MAKING REPORT <b>SHICK, ROBERT H/LIEUTENANT</b>	
	DATE <b>02/07/2001</b>	

# INCIDENT REPORT

## Lancaster Fire Department

**NFIRS-1**

DELETE  
 CHANGE

<b>A</b>	FDID <b>23011</b>	INCIDENT NO <b>01-000166</b>	EXP NO <b>00</b>	MO <b>02</b>	DAY <b>07</b>	YR <b>01</b>	DAY OF WEEK <b>Wednesda 4</b>	ALARM TIME <b>03:58:00</b>	ARRIVAL TIME <b>04:02:00</b>	IN SERVICE <b>05:37:00</b>	
<b>B</b>	TYPE OF SITUATION FOUND <b>Spill/Leak No Ignition</b>							TYPE OF ACTION TAKEN <b>41 Action Taken Not Classified</b>		MUTUAL AID <input type="checkbox"/> Recd <input type="checkbox"/> Given	
<b>C</b>	FIXED PROPERTY USE <b>Paved Public Street</b>							IGNITION FACTOR <b>962</b>			
<b>D</b>	CORRECT ADDRESS <b>1462 GRANVILLE PK LANCASTER, OH</b>						CO. <b>23</b>	TWN	ZIP CODE <b>43130</b>	CENSUS TRACT	
<b>E</b>	OCCUPANT NAME							TELEPHONE		ROOM/APT NO	
<b>F</b>	OWNER NAME				ADDRESS				TELEPHONE		
<b>G</b>	METHOD OF ALARM FROM PUBLIC <b>Telephone Direct</b>			TYPE OF ALARM <b>1 REGULAR</b>		DISTRICT <b>2</b>	SHIFT <b>1</b>	STATION <b>01</b>	NO. ALARMS <b>1</b>		
<b>H</b>	911 USED <b>911</b>	PERSONNEL RESPONDED <b>1</b>	ENGINES RESPONDED <b>004</b>		AERIAL APPARATUS <b>001</b>		OTHER VEHICLES <b>000</b>				

ALL INCIDENTS

NUMBER OF INJURIES FIRE SERVICE <b>000</b>	OTHER <b>000</b>	NUMBER OF FATALITIES FIRE SERVICE <b>000</b>	OTHER <b>000</b>
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COMPLEX	MOBILE PROPERTY TYPE		
AREA OF FIRE ORIGIN	EQUIPMENT INVOLVED IN IGNITION		
FORM OF HEAT OF IGNITION	TYPE OF MATERIAL IGNITED	FORM OF MATERIAL IGNITED	
METHOD OF EXTINGUISHMENT	LEVEL OF FIRE ORIGIN	ESTIMATED LOSS	ESTIMATED VALUE

ALL FIRES

NUMBER OF STORIES	CONSTRUCTION TYPE	
EXTENT OF FLAME DAMAGE	EXTENT OF SMOKE DAMAGE	
DETECTOR PERFORMANCE	SPRINKLER PERFORMANCE	
IF SMOKE SPREAD BEYOND ROOM OF ORIGIN	TYPE OF MATERIAL GENERATING MOST SMOKE	AVENUE OF SMOKE TRAVEL
	FORM OF MATERIAL GENERATING MOST SMOKE	

STRUCTURE

IF MOBILE PROPERTY	YEAR	MAKE	MODEL	SERIAL NO.	LICENSE NO.
IF EQUIPMENT INVOLVED IN IGNITION	YEAR	MAKE	MODEL	SERIAL NO.	

CHECK IF COMMENTS

OFFICER IN CHARGE (NAME, POSITION, ASSIGNMENT) <b>SHICK, ROBERT H/LIEUTENANT</b>	DATE <b>02/07/2001</b>
MEMBER MAKING REPORT (IF DIFFERENT FROM ABOVE) <b>SHICK, ROBERT H/LIEUTENANT</b>	DATE <b>02/07/2001</b>

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