

FEBRUARY 25, 2002

TO: DAN BOLGER
FROM: JOHN KRANER
SUBJECT: FUEL SPILL

ON JANUARY 31, 2002 THE FCSOP TEAM WAS REQUESTED TO RESPOND TO A DIESEL FUEL SPILL IN THE 1400 BLOCK OF HAMBURG RD. THE REQUEST WAS MADE BY AMANDA TWP FD. THE TIME OF THE CALL TO AMANDA WAS 1134. THE FCSOP TEAM WAS REQUESTED AT 1151. I RESPONDED FROM ENGINE HOUSE 3 WITH THE TRAILER AND TRUCK. I ARRIVED ON SCENE AT 1209. MET WITH CHIEF THAXTON OF AMANDA FD AND HE ADVISED ME OF THE SITUATION. THERE WERE NOT ANY IMMEDIATE HAZARDS AT THIS TIME. I EVALUATED THE SCENE AND DETERMINED THAT THERE WAS AN UNKNOWN BUT LARGE AMOUNT OF DIESEL FUEL SPILLED. THE DRIVER, TYKE HOOPS, WAS UNSURE OF AMOUNT OF FUEL HE HAD.

THE OWNER OF THE VEHICLE IS WILLIAM F HOOPS INC. @ 440 N. KEYSER, DESHLER OH. 43516. PHONE NO. 419-278-1896.

I ADVISED TYKE HOOPS THAT HE NEEDED TO CONTACT HIS EMPLOYER AND MAKE ARRANGEMENTS WITH A CLEAN-UP CONTRACTOR TO CLEAN UP FUEL. HE CONTACTED THEM AND WERE NOT FAMILIAR WITH ANY IN THE AREA. I GAVE HIM A LIST OF CONTRACTORS AND PHONE NUMBERS. THE COMPANY CONTACTED BBU SERVICES. THEIR REPORT IS ATTACHED.

PUCO AND THE EPA WERE NOTIFIED AT ABOUT 1235. THE EPA RETURNED CALL AT 1255 AND ADVISED THAT THEY WOULD BE ON SCENE IN ABOUT 35-45 MINUTES. WE WERE EXPERIENCING SOME CELL PHONE PROBLEMS DUE TO LOCATION.

FCSOP TEAM STOOD-BY UNTIL THE ARRIVAL OF THE EPA. DURING THIS PERIOD OF TIME BBU WAS ON SCENE AND MAKING PREPARATIONS TO CLEAN UP SPILL. EPA ON SCENE 1400 (CHRIS BONNER), ADVISED HIM SITUATION. HE ADVISED HE DID NOT NEED FCSOP TEAM ON SCENE ANY LONGER.

ATTACHMENTS:

1. BBU SERVICES CLEAN UP REPORT
2. AMANDA TWP FD REPORT
3. FAIRFIELD CTY SHERIFF'S ACCIDENT REPORT

ATHENS HOCKING RECLAMATION CENTER

Mailing Address: Post Office Box 946 • Logan, Ohio 43138

Phone 740-385-5019 or 385-5531

WASTE RECORD

To comply with OAC 3745-27-08(M), all relevant information must be provided

Date 2-7-02 Time In 9:15 Time Out _____

Name of Hauler B.B.U. SERVICE

Address _____ Zip Code _____

Telephone _____ Driver _____

License of Vehicle _____

Type of Waste (circle) Residential Municipal Commercial Industrial Asbestos

Agricultural Mining Other (specify) DEBRIS FROM GARAGE

Waste Yards _____ Tons 1.9 (attach weight slip)

Waste Generator (If commercial or residential route, note it)

Name W.M.E. HOOPS INC

Address _____

Telephone _____ Tipping Fees _____ Cash _____ Credit

SOURCE OF WASTE: COUNTY FAULKNER CO. STATE OH

COMPANY TO BILL FOR TIPPING FEES B.B.U. SERVICE

The undersigned certifies that the material disposed of at the Athens-Hocking Reclamation Center as noted above is non-hazardous solid waste as defined by the Ohio Revised Code and Ohio Administrative Code.

If the waste material has been specifically approved for acceptance at this landfill by the submission of chemical analysis or other laboratory data, it is certified that this material conforms with the samples analyzed. If the waste material is asbestos, it is certified that the material has been properly packaged, labeled, and transported, and that the hauler will hold the landfill harmless from all claims, fines or penalties imposed upon the landfill operator for and violation of law or regulations for improper transportation, packaging, labeling or handling, prior to being put into the possession of the landfill operator.

All parties disposing of any waste at this landfill agree to fully indemnify the landfill operator for any and all claims, fines or penalties, including clean up costs, engineering fees and claims of any third parties, which may be caused, either directly or indirectly, by those parties bringing in waste materials to the landfill which are not permitted to be disposed of at this facility by limitations in any landfill permits or by the Ohio Solid Waste Laws and Regulations.

All parties disposing of any waste at the landfill or otherwise entering the premises agree to hold the landfill harmless and waive all claims for any personal injury or property damage to any vehicle or person entering the premises whether caused by an act or neglect of landfill personnel or equipment or by persons entering the landfill. This waiver will not discharge any intentional torts by landfill personnel.

James [Signature] _____
James [Signature] _____

Landfill Representative

17 357862



ATTENTION SHIPPERS!

FREIGHT CHARGES ARE PREPAID ON THIS BILL OF LADING UNLESS MARKED COLLECT.

STRAIGHT BILL OF LADING ORIGINAL - NOT NEGOTIABLE

Shipper No. _____

Page 1 of 1

BBU Services, Inc.

Carrier No. 201026

(Name of carrier)

(SOAC)

Date 2/16/02

On Order or Delivery Receipt, the below "COM" must appear unless consignee's name or address provided in Item 400, Sec. 1.

TO: Consignee Central Ohio Oil
Street 795 MARION Road
City Columbus State OH Zip Code _____

FROM Shipper W.M. F. HOOPS, INC.
Street 1400 Hamburg Road
City Lancaster State OH Zip Code 43113

24 hr. Emergency Contact Tel. No. _____

Route 33 West to 104 West to Lockbox Road to Marion Road Vehicle Number 30

Table with columns: No. of Units & Container Type, HM, BASIC DESCRIPTION, TOTAL QUANTITY, WEIGHT, RATE, CHARGE. Row 1: 100 gallons, 100 gallons, 100 gallons, 100 gallons, 100 gallons, 100 gallons. Description: Contaminated Diesel Fuel from diesel fuel spill.

Facility: Central Ohio Oil Inc
Cam Parker 2/16/02

PLACARDS TENDERED: YES [] NO []

Note: (1) Where the rate is dependent on value, shippers are required to state... (2) Where the applicable tariff provisions specify a limitation of the carrier's liability...

I hereby declare that the contents of this consignment are fully and accurately described above by the proper shipping name and are classified, packed, marked and labeled/placarded, and are in all respects in proper condition for shipment according to applicable international and national governmental regulations.

REMIT C.O.D. TO: ADDRESS

COD Amt \$

Subject to Section 7 of the conditions, if this shipment is to be delivered to the consignee without recourse to the consignor, the consignor shall sign the following statement: The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

G.O.D. FEE: PREPAID [] COLLECT []

TOTAL CHARGES: \$

FREIGHT CHARGES: \$

RECEIVED, subject to conditions and limits in effect on the date of the issue of this Bill of Lading, the property described above in apparent good order, except as noted (contents and condition of contents of packages unknown), marked, designated, and examined as indicated above which said carrier (the word carrier being understood throughout this contract as meaning any person or corporation in possession of the property under contract) agrees to carry to its usual place of delivery at said destination, if on its route, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to deliver and as to each party at any time interested in all or any said property that every service to be performed hereunder shall be subject to all the bill of lading terms and conditions in the governing classification of the property.

SHIPPER hereby certifies that he is familiar with all the bill of lading terms and conditions in the governing classification and the said terms and conditions are hereby agreed to by the shipper and accepted for himself and his assigns.

SHIPPER W.M. F. HOOPS, INC.
Per Thomas on behalf of client

CARRIER BBU Services, Inc.
PER David Musick
DATE 2/16/02

1

Internal post-office address of shipper



WARNING: SEE BACK OF TICKET FOR SPECIFIC PRODUCT WARNINGS.

Printed on: 02/01/2002
Shelly Materials Co.
LANCASTER PLANT Plant: 01814
3232 LOGAN LANCASTER RD
LANC., OH, 43130 (740)687-4420

TICKET #

102864

Customer: 15269 Job: 15269 Truck: Type: 0004
CASH SALE CASH SALE 5 License #:
Ref#: 15269 Driver:
Phase: 00000

BB1

P.P. # Zone: 28 PICKUP Trucker #: 999
PICK UP

PRODUCT ID PRODUCT DESCRIPTION AMOUNT UNIT PRICE EXT
223 411 L/S 1.86 ton, 1.69 Mg 12.25 22.79

Loads: 1 Accum. Amount: 1.86 ton 1.69 Mg

OUTGROSS: 11.1801b 5.071 kg (Scale 1)
IN TARE: 7.4601b 3.384 kg (Scale 1)
NET: 3.7201b 1.687 kg

SUBTOTAL: 22.79
FREIGHT: 0.00
TAX: 1.231
TOTAL: 24.10

Weighmaster Name: STEPHANIE GEORGE

Transaction Date 02/01/2002

OX#1533

TEMP. PLANT	ROAD
INSPECTOR	<i>pa</i>
DRIVER NAME	
RECEIVED BY	

CONTROL NO: 0016371

AMANDA TWP FIRE DEPT
AUTO ACCIDENT REPORT

INCIDENT NO. 13 DATE 1-31-02 DIS 11:34 ENR 11:47 INQ 11:16

ADDRESS OF ACCIDENT 1940 Hamburg Rd.

TOWNSHIP Hocking

OWNERS NAME Wm. F. Hoops Inc. Transportation Service

ADDRESS 440 N. ^{Kaiser} Deshler, OH 43516

DRIVERS NAME Tyke Hoops

ADDRESS 225 N. Vine St. Deshler OH 43516

SERIAL NO. ^{Cab. No.} 24SFHAER35CO17197 LIC NO. PUC 4775 - Semi

MAKE International MODEL Engle YEAR 1994
TRAILER # - 2ND 5327RE 005039

OFFICER IN CHARGE R. Thorton

DRIVER R. Smith

R. Smith

A. Williams

T. Schanberger

REMARKS

60-100 GAL Fuel spilled CALLED HAZ-MAT FOR
CLEAN UP BBU WAS CALLED IN TO DO CLEAN UP.
STATED ON SCENE TILL TRUCK WAS REMOVED. TURNED
SCENE OVER TO S.O. A BBU.

FAIRFIELD CO
COUNTY SHERIFF

Page 1

ON REPORT

TRANSACTION

Date: 01/31/02 Time: 11:33 Call Talk
Dispatcher: DB7/DLS Number: 979209
Transaction#: 979209

Type of Call: 02 INJURY ACCIDENT F-
3
Caller's Name: MRS TIPTON 6878067
Location: HAMBURG RD S OF SMOKE RD

Call Information:
TRUCK STRUCK POLE. APPEARS POSSIBLE VEH
ICLE FIRE. NO INJURIES. ELEC
LINES DOWN ON VEHICLE. POWER CO OSC AT
1142. UNK AMT DIESEL FUEL
IN DITCH. HAZ MAT PAGED 1150. ENR AT 11
56. CNTY HWY CLOSURE TO ASSIST
WITH ROAD CLOSURE AT 1200. MIDWEST 931 E
NR. EMA OSC/1214;

Unit#	DIS	ENR	OSC	CLR	LR
5522	11:34 15:45	11:39 15:46	11:48	15:45	
RES1	11:34 16:16	11:34 16:31	11:47	16:16	
200	11:40 14:37	11:40	11:44	14:37	
152	11:50 14:34	11:50	11:56	14:34	02000423
TOW	12:06 12:06	12:06	12:06	12:06	02000059

Action(s):

Postup Trans

USER DEFINED ENTRY 01
31/02

Date: 01/31/02

Time: 11:53:35

OFFICE OF THE SHERIFF
FAIRFIELD COUNTY

Dave Phalen, Sheriff



FAX TRANSMISSION

From: Elsa

Date: 2/8/02

To: John

Time: 3:45pm

Company: _____

Recipient Fax #: 687-5008

of Pages Being Faxed Including Cover: 5

MESSAGE

****NOTICE**** - *This document is Confidential. If you have received this Fax in error please send it back, or if you are the intended recipient and you have not received the correct number of pages please contact:*

CIVIL DIVISION
221 East Main Street, Lancaster, OH 43130-3872
Phone Numbers: (740) 653-5223; (614) 837-2499; Fax (740) 687-6848

FAIRFIELD COUNTY SPECIAL OPERATIONS TEAM

Logistics Officer Checklist

- ___ Obtain briefing from the Incident Commander
- ___ Assign assistants as needed
- ___ Maintain list of all used and discarded equipment
- ___ Provide rehab area
- ___ Provide food, drink and restroom facilities
- ___ Locate any needed supplies

30
0423

614-419-3137

EQUIPMENT LIST

Number	ITEM	COST
	Notified @ 1151 1400 BIK Hamburg Rd	
	Wm F. Hoops Trucking	
	419-278-1896	
	440 N Keyser	
	Dashua OH	
	EPA returned call @ 1255 advised they would be here 55-60 mins	
	BBL notified by CO @ 1250	
	contacted EPA 1245	
	Advised driver to contact his Co and get cleanup contractor	
	Notified PUCO - 1230	

OHIO

TRAFFIC CRASH REPORT

OH-1 (REV. 10/99)

CRASH SEVERITY: 3 (1 FATAL, 2 FROD, 7 INJURY, 4 UNKNOWN)

PRIVATE PROPERTY:

HIT/SWIP: 1 (1 NOT IN USE, 2 SWIPED, 3 UNKNOWN)

PHOTOS TAKEN:

OH-2: OH-3: OH-12: OTHER:

CRASH NO: 0423

REPORTING AGENCY: 2300 Fairfield Co Sheriff

OFFICER: 01 01

DATE/TIME: 01/21/02

PLACED: 1/32

CRASH LOCATION: THRU

NAME OF CITY, TOWNSHIP OR VILLAGE: Hocking

TYPE LOCATION POINT USED: 1 HAMBURG RD, 2 NUMBERED HWY, 3 NUMBERED STREET

REFERENCE POINT USED: 04

CRASH LOCATION: Hamburg Rd

TYPE LOCATION POINT USED: 1 HAMBURG RD, 2 NUMBERED HWY, 3 NUMBERED STREET

REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION OF STREETS, 03 COUNTY LINE

ON HIGHWAY: 01 HIGHER NUMBER, 02 TOWNSHIP BOUNDARY, 03 BOUNDARY OF BUILT UP AREA, 04 CORNER OF LOT

ON PLACE NAME W/O REFERENCE: 01 DISCREPANCY, 02 STREET ON ROUTE W/O REFERENCE

366

DRIVER: A 0101

NAME (LAST, FIRST, MIDDLE): Hoops, Tyke Justin

ADDRESS (STREET, CITY, STATE, ZIP CODE): 225 North Vine, Doshler, Oh, 43516

PHONE: 419-278-1894

VEHICLE MAKE: Wm F Hoops Inc

VEHICLE MODEL: TR

VEHICLE COLOR: Whi

VEHICLE YEAR: 1995

VEHICLE MAKE (IF SAME, WRITE "SAME")

VEHICLE MODEL

VEHICLE COLOR

VEHICLE YEAR

VEHICLE MAKE (IF SAME, WRITE "SAME"): Wm F Hoops Inc

VEHICLE MODEL: TR

VEHICLE COLOR: Whi

VEHICLE YEAR: 1995

VEHICLE MAKE (IF SAME, WRITE "SAME")

VEHICLE MODEL

VEHICLE COLOR

VEHICLE YEAR

OFFENSE CHARGED: Endorse to Control

OFFENSE DESCRIPTION: 4511.202

VEHICLE IDENTIFICATION NUMBER: SD16535

MOTORIST/BICYCLIST: B

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

PHONE: #

VEHICLE MAKE (IF SAME, WRITE "SAME"):

VEHICLE MODEL:

VEHICLE COLOR:

VEHICLE YEAR:

MOTORIST/BICYCLIST: C

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

PHONE: #

VEHICLE MAKE (IF SAME, WRITE "SAME"):

VEHICLE MODEL:

VEHICLE COLOR:

VEHICLE YEAR:

MOTORIST/BICYCLIST: D

NAME (LAST, FIRST, MIDDLE):

ADDRESS (STREET, CITY, STATE, ZIP CODE):

PHONE: #

VEHICLE MAKE (IF SAME, WRITE "SAME"):

VEHICLE MODEL:

VEHICLE COLOR:

VEHICLE YEAR:

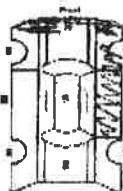
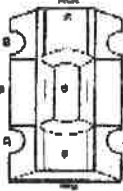
SEATING POSITION	SAFETY EQUIPMENT	AIR BAG	AIR BAG SWITCH	EJECTION	TRAPPED	INJURED
01 FRONT - LEFT (MC DRIVER)	MOTORIST	1 NOT INSTALLED	1 NOT INSTALLED	1 NOT INSTALLED	1 NOT TRAPPED	1 NO INJURY
02 FRONT - MIDDLE	01 None Used	2 IN ON POSITION	2 IN ON POSITION	2 TOTALLY EJECTED	2 INSTALLED BY	2 FROD/FP
03 FRONT - RIGHT	02 SEATBELT BRN ONLY	3 DUE TO POSITION	3 IN CH POSITION	3 PARTIALLY EJECTED	3 INSTALLED BY	3 FATAL
04 SECOND - LEFT (MC PASS)	03 LAP BELT ONLY	4 UNKNOWN	4 UNKNOWN	4 NOT APPLICABLE	4 INSTALLED BY	4 FATAL
05 SECOND - MIDDLE	04 SHOULDER/LAP BELT			5 UNKNOWN	5 INSTALLED BY	5 FATAL
06 SECOND - RIGHT	05 CHILD SAFETY SEAT				6 INSTALLED BY	6 FATAL
07 THIRD - LEFT	06 MC BELMET USED					
08 THIRD - MIDDLE	07 Use UNKNOWN					
09 THIRD - RIGHT	NON-MOTORIST					
10 SEATED SECTION OF CAB	08 None Used					
11 UNSEATED SEATED AREA	09 HELMET USED					
12 UNSEATED SEATED AREA	10 PROTECTIVE PAD					
13 TRAILER (UNIT)	11 REFLECTOR COUPLING					
14 EXTENDER	12 LIGHTING					
15 OTHER	13 OTHER					
16 UNKNOWN	14 UNKNOWN					
17 UNKNOWN						

Motorist/Bicyclist

Occupant

HSY7001

Top Copy - DDP's Bottom Copy - Agency

UNIT NUMBERS <input type="text" value="01"/>	DAMAGE AREA 	PRE-CRASH ACTIONS <input type="text" value="01"/>	SEQUENCE OF EVENTS <input type="text" value="08"/>	POSTED SPEED <input type="text" value="45"/>	DRUG TEST STATUS <input type="text" value="1"/>
NON-MOTORIST LOCATION <input type="text"/>		MOTORIST 01 NON-MOVING ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANE 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 FURTHER TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 OTHER 11 OTHER 12 STOPPING/STOPPED IN TRAFFIC 13 STOPPING IN TRAFFIC 14 OTHER 15 OTHER NON-MOTORIST 16 WALKING 17 RUNNING 18 JUMPING 19 OTHER 20 OTHER 21 OTHER 22 OTHER 23 OTHER 24 OTHER 25 OTHER 26 OTHER 27 OTHER 28 OTHER 29 OTHER 30 OTHER 31 OTHER 32 OTHER 33 OTHER 34 OTHER 35 OTHER 36 OTHER 37 OTHER 38 OTHER 39 OTHER 40 OTHER 41 OTHER 42 OTHER 43 OTHER 44 OTHER 45 OTHER 46 OTHER 47 OTHER 48 OTHER 49 OTHER 50 OTHER 51 OTHER 52 OTHER 53 OTHER 54 OTHER 55 OTHER 56 OTHER 57 OTHER 58 OTHER 59 OTHER 60 OTHER 61 OTHER 62 OTHER 63 OTHER 64 OTHER 65 OTHER 66 OTHER 67 OTHER 68 OTHER 69 OTHER 70 OTHER 71 OTHER 72 OTHER 73 OTHER 74 OTHER 75 OTHER 76 OTHER 77 OTHER 78 OTHER 79 OTHER 80 OTHER 81 OTHER 82 OTHER 83 OTHER 84 OTHER 85 OTHER 86 OTHER 87 OTHER 88 OTHER 89 OTHER 90 OTHER 91 OTHER 92 OTHER 93 OTHER 94 OTHER 95 OTHER 96 OTHER 97 OTHER 98 OTHER 99 OTHER 100 OTHER	NON-COLLISION 01 OVERHAUL/REPAIR 02 PINE/EXPLOSION 03 IMPROPER 04 JACUITY 05 CARC/LIGHTNING LIGHT/SPLIT 06 IMPROPER/ILLUSION 07 SEPARATION OF LIMBS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 OTHER 11 OTHER 12 OTHER 13 OTHER 14 OTHER 15 OTHER 16 OTHER 17 OTHER 18 OTHER 19 OTHER 20 OTHER 21 OTHER 22 OTHER 23 OTHER 24 OTHER 25 OTHER 26 OTHER 27 OTHER 28 OTHER 29 OTHER 30 OTHER 31 OTHER 32 OTHER 33 OTHER 34 OTHER 35 OTHER 36 OTHER 37 OTHER 38 OTHER 39 OTHER 40 OTHER 41 OTHER 42 OTHER 43 OTHER 44 OTHER 45 OTHER 46 OTHER 47 OTHER 48 OTHER 49 OTHER 50 OTHER 51 OTHER 52 OTHER 53 OTHER 54 OTHER 55 OTHER 56 OTHER 57 OTHER 58 OTHER 59 OTHER 60 OTHER 61 OTHER 62 OTHER 63 OTHER 64 OTHER 65 OTHER 66 OTHER 67 OTHER 68 OTHER 69 OTHER 70 OTHER 71 OTHER 72 OTHER 73 OTHER 74 OTHER 75 OTHER 76 OTHER 77 OTHER 78 OTHER 79 OTHER 80 OTHER 81 OTHER 82 OTHER 83 OTHER 84 OTHER 85 OTHER 86 OTHER 87 OTHER 88 OTHER 89 OTHER 90 OTHER 91 OTHER 92 OTHER 93 OTHER 94 OTHER 95 OTHER 96 OTHER 97 OTHER 98 OTHER 99 OTHER 100 OTHER	TRAFFIC CONTROL <input type="text" value="01"/>	DRUG TEST TYPE <input type="text" value="1"/>
Type Of Unit <input type="text" value="13"/>	MOST DAMAGED AREA <input type="text" value="02"/>	CONTRIBUTING CIRCUMSTANCES <input type="text" value="15"/>	SEQUENCE OF EVENTS <input type="text" value="08"/>	DEFLECTION <input type="text" value="43"/>	DRUG TEST 102 RESULT <input type="text"/>
MOTORIST 01 STRAIGHT 02 CONTACT 03 NEW GEAR 04 RUI FOR 05 NEUTRAL 06 SPEED LIMITER VEHICLE 07 HALLUP 08 PINE/VAH 09 SINKS UNIT TRACK 10 SINKS UNIT TRACK 3+ AXLES 11 TRUCK/TRACTOR 12 TRUCK/TRACTOR (BUILT) 13 TRACTOR/SEMI-TRAILER 14 TRAILER/DOUBLE TRAILER 15 TRACTOR/DOUBLE TRAILER 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRAILER 18 MOTORCYCLE 19 APPROXIMATE BEHAVIOR 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 SCHOOL BUS 24 HOLDING VEHICLE 25 PUS TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MILITARY HOME 29 TRAM 30 FARM VEHICLE 31 FARM (CONTRACTOR) 32 SUPERMARKET 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS NON-MOTORIST 35 ANIMAL W/DRIVER 36 ANIMAL W/DRIVER 37 BICYCLE 38 PEDESTRIAN 39 PEDESTRIAN 40 SKATE 41 OTHER-NON MOTORIST 42 UNKNOWN IN EMERGENCY RESPONSE <input type="text"/>	POINT OF IMPACT <input type="text" value="02"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 PERFORM SLOW TURN 05 UNLAWY SIGNAL 06 IMPROPER TURN 07 LANE CHANGING 08 FOLLOWED TOO CLOSELY/ADDA 09 IMPROPER LANE CHANGE/ IMPROPER PASSING 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN OBSCURE, ROCKLED, CAMELERS, NEGLIGENT OR ASSAULTIVE MANNER 14 OVERTAKING TO AVOID (DUE TO WIDE, SLEEVES, SURFACE, VEHICLE, OBSTACLE, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ALCOHOL 19 OPERATING INEFFECTIVE EQUIPMENT 20 ROAD SURFACE/FLAT/ICE/SLOTTING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER OBSTRUCTION 25 OTHER 26 LIVING ANIMAL OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK OBSTRUCTION) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR SIGNS 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN VEHICLE DEFECT CODES ONLY IF '15' SELECTED ABOVE <input type="text"/>	SEQUENCE OF EVENTS <input type="text" value="08"/>	CONDITION <input type="text" value="1"/>	TYPE OF INTERSECTION <input type="text" value="01"/>
DAMAGE SCALE <input type="text" value="4"/>	ACTION <input type="text" value="3"/>	MOTORIST 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 PERFORM SLOW TURN 05 UNLAWY SIGNAL 06 IMPROPER TURN 07 LANE CHANGING 08 FOLLOWED TOO CLOSELY/ADDA 09 IMPROPER LANE CHANGE/ IMPROPER PASSING 10 IMPROPER PASSING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN OBSCURE, ROCKLED, CAMELERS, NEGLIGENT OR ASSAULTIVE MANNER 14 OVERTAKING TO AVOID (DUE TO WIDE, SLEEVES, SURFACE, VEHICLE, OBSTACLE, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER DISTRACTION 18 FATIGUE/ALCOHOL 19 OPERATING INEFFECTIVE EQUIPMENT 20 ROAD SURFACE/FLAT/ICE/SLOTTING 21 OTHER IMPROPER ACTION 22 UNKNOWN NON-MOTORIST 23 NONE 24 IMPROPER OBSTRUCTION 25 OTHER 26 LIVING ANIMAL OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK OBSTRUCTION) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNALS, SIGNALS, OR SIGNS 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN VEHICLE DEFECT CODES ONLY IF '15' SELECTED ABOVE <input type="text"/>	POST HAVARUL EVENT <input type="text" value="1"/>	ALCOHOL/DRUG SUSPECTED <input type="text" value="1"/>	OCURRENCE <input type="text" value="2"/>
DAMAGE SCALE <input type="text" value="4"/>	STUCK VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/>	MOTORIST 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE (BLOWN) 07 WORN OR SLACK LINES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TRUCKS 10 DEPARTED FROM PROPER COURSE 11 OTHER DEFECTS	POST HAVARUL EVENT <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/>	ROAD CONTOUR <input type="text" value="2"/>
DAMAGE SCALE <input type="text" value="4"/>	STUCK VEHICLE: OVERSIDE/ UNDERSIDE <input type="text" value="1"/>	MOTORIST 01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE (BLOWN) 07 WORN OR SLACK LINES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TRUCKS 10 DEPARTED FROM PROPER COURSE 11 OTHER DEFECTS	POST HAVARUL EVENT <input type="text" value="1"/>	ALCOHOL TEST STATUS <input type="text" value="1"/>	ROAD CONDITIONS <input type="text" value="01"/>

Narrative Unit A was traveling East bound on Hamburg Rd when his passenger side tire went into the culvert Unit A went down into the culvert striking the pole.

NUMBER OF COLLISION OR IMPACT <input type="checkbox"/> 1 1. NOT COLLISION BETWEEN TWO VEHICLES IN 1 DIRECTION 2. REAR-TO-REAR 3. HEAD-ON 4. REAR-TO-HEAD 5. BACKING 6. ANGLE 7. SIDE SWAY, SAME DIRECTION 8. SIDESWIP, OPPOSITE DIRECTION 9. UNKNOWN	SCHOOL BUS RELATED <input type="checkbox"/> 1 1. NO 2. YES, DIRECTLY INVOLVED 3. YES, INDIRECTLY INVOLVED 4. UNKNOWN	Diagram 	Write an "N" on the compass diagram to indicate the direction of north.
WEATHER <input type="checkbox"/> 01 01 CLEAR 02 CLOUDY 03 FOG, SMOG, SMOG 04 RAIN 05 SLEET, HAIL (HEAVY RAIN UNCHECKED) 06 SNOW 07 SEVERE CROSSWINDS 08 BLOWING SAND, SOIL, DIRT, SNOW 09 OTHER 10 UNKNOWN	WORK ZONE RELATED <input type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN		TYPE OF WORK ZONE <input type="checkbox"/> 1 1. LAKE CULMINE 2. LAKE SHOULDER/CROSSOVER 3. WORK ON SHOULDER OR HIGHWAY 4. IMPROVEMENT/ MOVING WORK 5. OTHER
LIGHT CONDITIONS PRIMARY <input type="checkbox"/> 1 SECONDARY <input type="checkbox"/> 1 1. DAYLIGHT 2. TWILIGHT 3. DARK 4. DARK - LIGHTED HIGHWAY 5. DARK - NOT LIGHTED 6. DARK - UNKNOWN LIGHTING 7. CLEAR 8. OTHER 9. UNKNOWN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 1. BEFORE FLAG WORK ZONE 2. ADVANCE WARNING AREA 3. TRANSITION AREA 4. ACTIVITY AREA		

Truck/Bus UNIT # <input type="checkbox"/> 01 COMPANY (FROM SHIPPING PAPER) Wm Hoops Inc ADDRESS (STREET, CITY, ST, ZIP CODE) 440 N Kryser St, Deshler, Ohio 43516	THE CRASH INVOLVED ONE OR MORE OF THE FOLLOWING: A TRUCK (AND/OR VEHICLE) WITH A GVWR MORE THAN 10,000 POUNDS OR A TRUCK (AND/OR VEHICLE) WITH A HAZARDOUS MATERIALS PLACARD OR A BUS LICENSED FOR AT LEAST 8 PASSENGERS, INCLUDING DRIVER.	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 STARTING DAMAGE OR REQUIRED TO BE REMOVED FROM THE SCENE PRIOR TO THE POINT OF
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VEHICLE IDENTIFICATION VIN: 0C269800720064 REG NO: 140429 PLATE: 8493-1 STATE: Ohio TRAILER LT YEAR: TLK 7645	VEHICLE TYPE <input type="checkbox"/> 03 01 NOT APPLICABLE 02 BUS (7-15 INCLUDING DRIVER) 03 VAN/ENCLOSED BOX 04 HEAVY/CRANE/SPECIAL	WEIGHT (GVWR) <input type="checkbox"/> 1 1. LESS THAN 10,000 2. 10,001 - 26,000 3. MORE THAN 26,000	VEHICLE CLASS <input type="checkbox"/> 1 1. CLASS A 2. CLASS B 3. CLASS C 4. CLASS M 5. CLASS D	HAZARDOUS MATERIALS PLACARD <input type="checkbox"/> 1 1. NO 2. YES 3. UNKNOWN	HAZARDOUS MATERIALS REQUIREMENT <input type="checkbox"/> 2 1. NO 2. YES 3. NOT APPLICABLE 4. UNKNOWN
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Police Action CALL CRASH TO REPORT: 01312002 TIME REC'D: 1133 DISPATCH: 1138 ARRIVE: 1144 CLEAR: 1439 LEAVE: 181	OFFICER'S NAME: Dep Scott Jones DISPATCH #: 200 OFFICER BY: LT A. Diener REPORT FILED: 01312002	REPORT TAKEN BY <input type="checkbox"/> 1 1. POLICE AGENCY 2. MOTORIST	REPORT TAKEN AT <input type="checkbox"/> 1 1. SCENE 2. STATION 3. OTHER	FILE NUMBER <input type="checkbox"/> * 0423
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OHIO TRAFFIC ACCIDENT - DIAGRAM/NARRATIVE CONTINUATION

OH-2 (Rev. 1/82)

LOCAL REPORT NUMBER 0423	REPORTING AGENCY Fairfield Co SO	DATE OF ACCIDENT MO 03 Y 02
IN COUNTY OF Fairfield	ACCIDENT LOCATION Hamburg Rd south of Snake Rd	

Damaged:

- 1) Utility Pole
- 2) Transformer

- 3) Yards
- 4) Driveways

Owner:

South Central Power
P.O. Box 250
Lancaster, Ohio 43130
(740) 653-4422

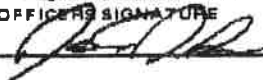
Geraldine Garrett
P.O. Box 311 (1445 Hamburg Rd)
Lancaster, Ohio 43130
(740) 684-2341

Larry Erwin
1455 Hamburg Rd
Lancaster, Ohio 43130
(740) 687-5933

Richard Schlegler
1465 Hamburg Rd
Lancaster, Ohio 43130
(740) 687-9341

Ross Wente
1485 Hamburg Rd
Lancaster, Ohio 43130
(740) 653-0146

OFFICER'S SIGNATURE


BADGE NO.
FCL52