

## HAZMAT REPORT FOR SR 37 PARK AND RIDE

On April 9, 2002 Pleasant Township Fire Department received a call of a semi truck leak fluid with a placard # 3077. While enroute to the call chief 572 notified Fairfield Fire dispatch to start Fairfield County Special Operation Team. Myself (Ralph A. Conrad) and unit 18 (J T Kraner) responded to the scene. We found one semi truck with a dump type bed leaking a small amount of fluid from bed. The truck driver (Dave Burkheart) had all ready placed plastic under vehicle to collect the fluid from trailer. The Driver stated that the material that he was hauling was a solid material like kitty litter and is contaminated with lead. This material is wetted down and covered for transport. The run off of this material did not get in any water way or get off of asphalt. The truck driver had already contacted their clean up contractor. OSP on scene prior to FD being dispatched and stated they would stay their until clean up contractor arrived. Unit 18 contacted Ohio EPA and PUCO and reported incident. Unit 18 Released all FD Equipment and turned scene over to OSP unit on scene. Unit 18 and myself cleared scene.

### Truck company information:

Dart Trucking  
61 Rail Road Street  
Camfield, OH 44406

**B Location\***

Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only for Wildland fires.

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

4600 LANCASTER-NEWARK RD (SR37)  
 Pleasantville OH 43148

**C Incident Type \***

422 Chemical spill or leak

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid received  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given

**E1 Date & Times**

Month Day Year Hr Min Sec  
 04 09 2002 21:16:00

Arrival  
 Controlled  
 Cleared

**E2 Shift & Alarms**

Local Option  
 Shift or Plateau  
 Alarms District  
 570

**E3 Special Studies**

Local Option  
 Special Study ID#  
 Special Study Value

**F Actions Taken \***

80 Information  
 Primary Action Taken (1)  
 Additional Action Taken (2)  
 Additional Action Taken (3)

**G1 Resources \***

Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel  
 Suppression  
 EMS  
 Other 0003 0007

**G2 Estimated Dollar Losses & Values**

LOSSES: Required for all fires if known. Optional for non fires.

Property \$ 000,000  
 Contents \$ 000,000

PRE-INCIDENT VALUE: Optional  
 Property \$ 000,000  
 Contents \$ 000,000

**Completed Modules**

Fire-2  
 Structure-3  
 Civil Fire Cas.-4  
 Fire Serv. Cas.-5  
 EMS-6  
 HazMat-7  
 Wildland Fire-8  
 Apparatus-9  
 Personnel-10  
 Arson-11

**H1 Casualties**

Deaths Injuries  
 Fire Service  
 Civilian

**H2 Detector**

Required for Confined Fires.  
 Detector alerted occupants  
 Detector did not alert them  
 Unknown

**H3 Hazardous Materials Release**

None

1  Natural Gas: slow leak, no evaporation or flammable actions  
 2  Propane gas: < 21 lb. tank (as in hose BBQ grill)  
 3  Gasoline: vehicle fuel tank or portable container  
 4  Kerosene: fuel burning equipment or portable storage  
 5  Diesel fuel/fuel oil: vehicle fuel tank or portable  
 6  Household solvents: home/office spill, cleanup only  
 7  Motor oil: from engine or portable container  
 8  Paint: from paint cans totaling < 55 gallons  
 0  Other: Special Hazmat actions required or spill > 55gal.. Please complete the Hazmat form

**I Mixed Use Property**

Not Mixed  
 Assembly use  
 Education use  
 Medical use  
 Residential use  
 Row of stores  
 Enclosed mall  
 Bus. & Residential  
 Office use  
 Industrial use  
 Military use  
 Farm use  
 Other mixed use

**J Property Use\* Structures**

131  Church, place of worship  
 161  Restaurant or cafeteria  
 162  Bar/Tavern or nightclub  
 213  Elementary school or kindergarten  
 215  High school or junior high  
 241  College, adult education  
 311  Care facility for the aged  
 331  Hospital

341  Clinic, clinic type infirmary  
 342  Doctor/dentist office  
 361  Prison or jail, not juvenile  
 419  1-or 2-family dwelling  
 429  Multi-family dwelling  
 439  Rooming/boarding house  
 449  Commercial hotel or motel  
 459  Residential, board and care  
 464  Dormitory/barracks  
 519  Food and beverage sales

539  Household goods, sales, repairs  
 579  Motor vehicle/boat sales/repair  
 571  Gas or service station  
 599  Business office  
 615  Electric generating plant  
 629  Laboratory/science lab  
 700  Manufacturing plant  
 819  Livestock/poultry storage (barn)  
 882  Non-residential parking garage  
 891  Warehouse

Outside

124  Playground or park  
 655  Crops or orchard  
 669  Forest (timberland)  
 807  Outdoor storage area  
 919  Dump or sanitary landfill  
 931  Open land or field

936  Vacant lot  
 938  Graded/care for plot of land  
 946  Lake, river, stream  
 951  Railroad right of way  
 960  Other street  
 961  Highway/divided highway  
 962  Residential street/driveway

981  Construction site  
 984  Industrial plant yard

Lookup and enter a Property Use code only if you have #07 checked a Property Use box:  
 Property Use 965  
**Vehicle parking area**

**K1 Person/Entity Involved**

Local Option  Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

More people involved? Check this box and attach Supplemental Forms (MFIRS-18) as necessary

**K2 Owner**  Same as person involved? Then check this box and skip the rest of this section.

Local Option  Business name (if applicable) Area Code Phone Number

Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 Number Prefix Street or Highway Street Type Suffix  
 Post Office Box Apt./Suite/Room City  
 State Zip Code

**L Remarks**

Local Option

REPORT OF A HAZARDOUS MATERIALS RELEASE AT INDICATED ADDRESS. O.S.P. ON SCENE AND IS REPORTING A UNKNOWN SUBSTANCE COMING FROM PARKED TRUCK IN REST AREA WITH A BLACK AND WHITE STRIPPED PLAQUARD. CH620 FIRST ON SCENE AND ESTABLISHED COMMAND BY REQUEST OF CH572. ALL PLEASANTVILLE EQP. ON SCENE TO FIND A LARGE 18 WHEEL TRACTOR TRAIL OR PARKED IN THE REST AREA TRUCK STOP WITH A BLACK VISQUENE TARP UNDER THE APPARENT LEAKAGE AREA. FAIRFIELD COUNTY HAZMAT TEAM DISPATCHED TO SCENE BEFORE ARRIVAL PLEASANTVILLE EQP. CH572 MADE CONTACT WITH DRIVER OF RIG AND GATHERED INFORMATION ON MATERIALS BEING HAULED. PLAQUARED #3077. TRUCK DRIVERS NAME DAVE BURKHART WITH DART TRUCKING COMPANY INC. HAULING A LOAD FROM WASTE TECHNOLOGIES INDUSTRIES, MANIFEST DOCUMENT #06564, EPA# 014D980613541. OWNER OF SUBSTANCE BEING HAULED CONTACTED AND DISPATCHED TO SCENE. CH572 AND HAZMAT TEAM DECLARE INSTANCE CONTROLLED AND LEFT TO O.S.P. TILL OWNER OF SUBSTANCE ON SCENE AND CLEANED UP. ALL PLEASANTVILLE EQP. IN SERVICE.

**L Authorization**

CMCC01 McCune, Curt D AC 04 09 2002  
 Officer in charge ID Signature Position or rank Assignment Month Day Year

CSNO01 Snoke, Corey J FFP 04 09 2002  
 Member making report ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge.

A FDID 23019 State OH Incident Date 4 9 2002 Station 570 Incident Number 02-0002059 Exposure 000  Delete  Change **NFIRS - 10 Personnel**

B Apparatus or Resource E/T571 Date and Times 4 9 2002 21:16 Sent  Number of People 2 Use  Suppression  EMS  Other Actions Taken

Dispatch  4 9 2002 21:16 Arrival  4 9 2002 21:24 Clear  4 9 2002 22:04 Sent   Suppression  EMS  Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
CMCC01	McCune, Curt	AC	X				
NMCC01	McCune, Natalie	EMT	X				

2 ID M571 Dispatch  4 9 2002 21:16 Arrival  4 9 2002 21:27 Clear  4 9 2002 22:04 Sent  Number of People 1 Use  Suppression  EMS  Other Actions Taken

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
AFEY01	Fey, Andrew	LT	X				

3 ID R571 Dispatch  4 9 2002 21:16 Arrival  4 9 2002 21:27 Clear  4 9 2002 22:04 Sent  Number of People 4 Use  Suppression  EMS  Other Actions Taken

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
CSNO01	Snoke, Corey	FFP	X				
DEEM01	Deem, Andrew	FFE	X				
RKOV01	Kovacs, Robert	LT	X				
SGAV01	Gavin, Shane	FFE	X				

23019  
FDID \*

OH  
State \*

4 9  
Incident Date \*

2002

570  
Station

02-0002059  
Incident Number \*

000  
Exposure \*

UNCLASSIFIED  
Narrative

**Narrative:**

REPORT OF A HAZARDOUS MATERIALS RELEASE AT INDICATED ADDRESS. O.S.P. ON SCENE AND IS REPORTING A UNKNOWN SUBSTANCE COMING FROM PARKED TRUCK IN REST AREA WITH A BLACK AND WHITE STRIPPED PLAQUARD. CH620 FIRST ON SCENE AND ESTABLISHED COMMAND BY REQUEST OF CH572. ALL PLEASANTVILLE EQP. ON SCENE TO FIND A LARGE 18 WHEEL TRACTOR TRAIL OR PARKED IN THE REST AREA TRUCK STOP WITH A BLACK VISQUENE TARP UNDER THE APPARENT LEAKAGE AREA. FAIRFIELD COUNTY HAZMAT TEAM DISPATCHED TO SCENE BEFORE ARRIVAL PLEASANTVILLE EQP. CH572 MADE CONTACT WITH DRIVER OF RIG AND GATHERED INFORMATION ON MATERIALS BEING HAULED. PLAUQUARED #3077. TRUCK DRIVERS NAME DAVE BURKHART WITH DART TRUCKING COMPANY INC. HAULING A LOAD FROM WASTE TECHNOLOGIES INDUSTRIES, MANIFEST DOCUMENT #06564, EPA# 014D980613541. OWNER OF SUBSTANCE BEING HAULED CONTACTED AND DISPATCHED TO SCENE. CH572 AND HAZMAT TEAM DECLARE INSTANCE CONTROLLED AND LEFT TO O.S.P. TILL OWNER OF SUBSTANCE ON SCENE AND CLEANED UP. ALL PLEASANTVILLE EQP. IN SERVICE.

W/Case# 3077

Generators US EPA #

OH0980613541

Manifest Document #

06564

Waste Technologies Industries 1250 St. George St.  
East Liverpool Oh 43920

Dart Trucking Company INC. 61 Railroad St. Canfield,  
Phone # 1-800-541-8206 Oh 44406



US EPA ID # OH0009865825

Truck Drivers Name Dave Burkheart

RING

CONNECT 1200

FAIRFIELD COUNTY SHERIFF  
TRANSACTION REPORT

Page 1

Date: 04/29/02 Time: 21:16 Call Taker/Dispatcher: D20/D29 Number: 1004612  
Transaction#: 1004612

Type of Call: C28 STRUCTURE FIRE  
Callers Name: OSP  
Location : 4600 LANCASTER-NEWARK RD NE

Call Information:

REF TRUCK W/ BLACK & WHITE PLACARD #3077 IS LEAKING IN THE LOT AT THE  
PARK AND RIDE. OSP ON THE SCENE, EPA BEING NOTIFIED. LOW LYING SOUTH  
WIND. NO VAPOR CLOUD. CHIEF 620 STAGING ON ST RT 37, OSC -2123  
HAZ MAT TEAM BEING ADVISED. SITUATION CONTAINED -2128 TIE UP E571 R571  
T601 & T601 PER 37 COMMAND POST. C572 ASSUMING COMMAND -2131 WAITING  
ON HAZ MAT TEAM. PER C572 HAZ MAT HAS SITUATION CONTAINED -2201

UNIT#	DIS	ENR	OSC	CLR	LSC	***	INS	ING	COMP	REPORT#
T601	21:17	21:18	21:25	22:04			22:04	22:14		
E571	21:17	21:18	21:24	22:27				22:27		
T621	21:17	21:22	21:29	22:04			22:04	22:10		
R571	21:17	21:18	21:27	22:27				22:27		
L610	21:17	21:20	21:28	21:42			21:40	21:51		

Postup Transaction(s):

LOCATOR INSTRUCTIONS Date: 04/09/02 Time: 21:24:00

FAIRFIELD COUNTY SHERIFF  
DISPOSITION NARRATIVE

Page 2

Date: 04/09/02 Time: 21:16 Dispatcher : D29 Transaction#: 1004612

PER OSP, ALL EQUIPMENT WILL BE MARKING IN SERVICE IN A FEW MINUTES. OSP  
TAKING CONTROL OF THE SCENE. HAZ MAT UNIT 20 CLEAR THE SCENE 2207



### Ohio State Highway Patrol

1125 Ety Rd. NW  
Lancaster, Oh 43130

#### Fax Cover Sheet

Date: 5/17/02  
To: SGT BAKER  
EM9

Time:  
Phone:  
Fax:

From: Sgt LEE  
Post 23

Phone: 740-654-1523  
Fax: 740-654-0188

Re: 830 case

Number of pages including cover sheet:  
Message:

10



MP 26  
10-0155-00  
Rev. 8/1/95  
OHP 0155



# OHIO STATE HIGHWAY PATROL REPORT OF INVESTIGATION

<b>BLOCK 1</b>	<b>OFFENSE/INCIDENT LOCATION</b>	<b>BLOCK 2</b>	<b>INCIDENT STATUS</b>
Incident Number: <u>02-04069-0623</u> District: <u>06</u> Post: <u>23</u> TDIT-INV. _____ Loc. of Inc./Off: <u>SR 37 Park &amp; Ride</u> IS ___ US ___ SR <u>Y</u> TP ___ CR ___ MP <u>8</u> DIR <u>5</u> County of Occurrence: <u>FAIRFIELD</u> Cty. # <u>23</u> State Agency: _____ Facility: _____		Off Highway <u>N</u> Cleared Exceptionally <u>N</u> Completion Date <u>4/10/02</u> Clearance Date _____ Unfounded (Y or N) <u>N</u> Cleared by Arrest (Y or N) <u>N</u> A Death of Suspect B Prosecution Declined C Extradition Declined D Refused to Cooperate E Juvenile - No Custody N Not Applicable	

<b>BLOCK 3</b>	<b>COMPLAINANT</b>	Known <u>S</u>
Name (last, first, mi) _____ Address (street, city, state, zip) _____ Phone (H) (____) _____ (W) (____) _____ SSN _____ DOB _____		

<b>BLOCK 4</b>	<b>CLASSIFICATION</b>	Total Classifications <u>1</u>
OSP Offense Classifications: 1 <u>830</u> 2 _____ 3 _____ Offense Status: 1 <u>C</u> 2 _____ 3 _____ ORC Offense Code: 1 <u>T</u> 2 _____ 3 _____ (A) Attempted (C) Completed (N) Not Applicable		

<b>BLOCK 5</b>	<b>INCIDENT DESCRIPTION:</b>
Location Report Taken: Hwy Type <u>SR</u> Hwy No. <u>37</u> MP <u>8</u> Cty No. <u>23</u> Other <u>Park &amp; Ride</u> Date Report Taken: <u>4-9-02</u> Time Report Taken: <u>2057</u> Domestic Violence/Hate Crime <u>N</u> K-9 used (Y/N) _____ (A) _____ Alcohol Offense: (Day) <u>3</u> (Date) <u>4-9-02</u> (Time) <u>2057</u> Type Search _____ (C) _____ Computer Equipment (AD, AP, CS, FR, IN, PC, PS, PV, SW) (D) _____ Drugs (N) <u>X</u> Not Applicable # Entries _____ Force (Y or N) _____ BURGLARY:	
LOCATION OF THE OFFENSE: 1 <u>18</u> 2 _____ 3 _____ 01 Airline/Train Terminal 09 Drug Store/Dr.'s Office/Hospital 17 Liquor Store 02 Bank/Savings & Loan 10 Field/Woods 18 Parking Lot/Garage 03 Bar/Night Club 11 Government/Public Building 19 Rental/Storage Facility 04 Church/Synagogue/Temple 12 Grocery/Supermarket 20 Residence/Home 05 Commercial/Office Building 13 Highway/Road/Way 21 Restaurant 06 Construction Site 14 Hotel/Motel 22 School/College 07 Convenience Store 15 Jail/Prison 23 Service/Gas Station 08 Department Discount Store 16 Lake/Waterway 24 Specialty Store (TV, Fur, Etc.) 25 Other Unknown	
TYPE OF CRIMINAL ACTIVITY: 1 <u>N</u> 2 _____ 3 _____ A Staying/Resisting 2 Exploiting Children T Transporting/Transmitting/Importing B Cultivating 3 Operating/Promoting/Assisting U Using/Concealing C Distributing/Selling 4 Possessing/Concealing W Not Applicable R Other	
TYPE WEAPON/FORCE INVOLVED: 1 <u>99</u> 2 _____ 3 _____ 11 Firearm 30 Blunt Object 60 Explosives 12 Handgun 35 Motor Vehicle 65 Fire/Incendiary 13 Rifle 40 Personal 70 Narcotics/Drugs 14 Shotgun Weapons 80 Other 15 Other Firearm 50 Poison 95 Unknown 20 Knife/Cutting Instrument 99 None	
ASSAULT ON OFFICER Occasion - A Traffic Violation B Vehicle Inv C Felony D Asset E DUI F Crash G Auto Larceny Situation - A First Contact B Advised under Arrest C Handcuffing D Processing at Police Facility E Transporting F Other Other - A Assault B Physical Force by Officer C Resisting Arrest D Blt E Flat-Hand F Resist by Fleeing G Kicked Officer's Action - Chemical Mace (Effective - Y or N) A Wrestled B Struck with Hand C Handcuffed D Other	

BLOCK 6

VICTIM #1

Victim Known N

Total Number of Victims 1

Connected to Offense # L

Connected to ORC Code 1

Tied to Suspect # 1

Name (last, first, mi) \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_

(W) (\_\_\_\_) \_\_\_\_\_

SSN \_\_\_\_\_

DOB \_\_\_\_\_

TYPE OF VICTIM

- Individual  Government  Other  Financial
- Business  Religious  Unknown  Society/Public
- Trooper  Law Officer  State Agy

RACE

- White  Hispanic  Indian
- Asian  Black  Unknown

SEX

- Male  Female  Unknown

AGGRAVATED ASSAULT/HOMICIDE CIRCUMSTANCES

- Argument  Assault on Law Officer  Drug Dealing  Gangland  Juvenile Gang
- Lovers  Mercy Killing  Other Felony Involved  Private Citizen Killed Criminal
- Other Circumstances  Unknown Circumstances  Gun Cleaning Accident  Police Officer Killed Criminal
- Child Playing with Weapon  Hunting Accident  Other Negligent Weapon Handling  Killed Criminal
- Other Negligent Killing  Additional Justifiable Homicide

INJURY TYPE (Check Only One)

- Broken Bones  Poss. Int. Injuries
- Major Injury  Minor Injury
- Loss of Teeth  Unconsciousness
- None  Severe Laceration

RELATIONSHIP OF VICTIM TO SUSPECT (Enter suspect number(s) in space)

- SE \_\_\_\_\_ Spouse GP \_\_\_\_\_ Grandparent SS \_\_\_\_\_ Step sibling
- CS \_\_\_\_\_ Common Law Spouse GC \_\_\_\_\_ Grandchild OF \_\_\_\_\_ Other Family
- PA \_\_\_\_\_ Parent IL \_\_\_\_\_ In-Law AQ \_\_\_\_\_ Acquaintance
- CH \_\_\_\_\_ Child SC \_\_\_\_\_ Stepchild NE \_\_\_\_\_ Neighbor
- SB \_\_\_\_\_ Sibling SP \_\_\_\_\_ Stepparent
- BE \_\_\_\_\_ Baby/Infant (baby) EE \_\_\_\_\_ Employee
- BG \_\_\_\_\_ Boy/Girlfriend ER \_\_\_\_\_ Employer
- CF \_\_\_\_\_ Child of "BG" Above OK \_\_\_\_\_ Otherwise Known
- XS \_\_\_\_\_ Ex-Spouse RU \_\_\_\_\_ Relationship Unknown
- HR \_\_\_\_\_ Homosexual Relationship ST \_\_\_\_\_ Stranger

BLOCK 7 PROPERTY

CODE	LOSS DISP.	QTY	YR	MAKE	MODEL	COLOR STYLE	SERIAL / DESCRIPTION	LIC #	YEAR STATE	VALUE
<u>34</u> <u>05</u>	<u>4</u>		<u>01</u>	<u>FREIGHTLINER</u>	<u>CONTR</u>	<u>WHITE SEMI</u>	<u>IFUJA HAV 914476181</u>	<u>1538PC</u>	<u>2002 NY</u>	<u>\$2000</u>

- LOSS DISP: (1) None (2) Burned (3) Forged (4) Damaged (5) Recovered  
 (6) Seized (7) Stolen (8) Unknown (9) Used in Commission of Crime

PROPERTY DESCRIPTION CODE TABLE: (Enter Number in Code Column Above)

- 01 Aircraft
- 02 Alcohol
- 03 Automobiles
- 04 Bicycles
- 05 Buses
- 06 Clothes/Furs
- 07 Computer Hardware/Software
- 08 Consumable Goods
- 09 Credit/Debit Cards
- 10 Drugs/Narcotics
- 11 Drug/Narcotic Equipment
- 12 Farm Equipment
- 13 Firearms
- 14 Gambling Equipment
- 15 Heavy Const./Ind. Equip.
- 16 Household Goods
- 17 Jewelry/Precious Metals
- 18 Livestock
- 19 Merchandise
- 20 Money
- 21 Negotiable Instruments
- 22 Non-Negotiable Instruments
- 23 Office/Type Equipment
- 24 Other Motor Vehicles
- 25 Purses/Handbags/Wallets
- 26 Radio/TV/VCR
- 27 Recordings/Audio/Visual
- 28 Recreational Vehicles
- 29 Structures - Single Occupancy Dwellings
- 30 Structures - Other Dwellings
- 31 Structures - Comm/Business
- 32 Structures - Ind./Manufacturing
- 33 Structures - Public/Community
- 34 Structures - Storage
- 35 Structures - Other
- 36 Tools/Power/Hand
- 37 Trucks
- 38 Vehicle Parts/Accessories
- 39 Watercraft
- 40 Motorcycles
- 77 Other

Drug Involvement: DRUG 1 DRUG 2 DRUG 3

Suspected Drug: \_\_\_\_\_  
 Estimated Quantity: \_\_\_\_\_  
 Type Measurement: \_\_\_\_\_

DRUG MEASUREMENTS

- GM Gram KG Kilogram GL Gallon DU Dosage Units/Items
- NP Number Plants

DRUG TYPES

- A "Crack" Cocaine B Cocaine (All Other Forms) C Hashish
- D Heroin E Marijuana F Morphine
- G Opium H LSD I PCP
- J Other narcotics: Codeine; Demerol; Dihydromorphine or Dilaudid; Hydrocodone or Percodan; Methadone; etc.
- K Other hallucinogens: BMDA or "White Acid"; DMT; MDA; MDMA; Mescaline or Peyote; Psilocybin; STP; etc.
- L Amphetamines/Methamphetamines
- M Other Stimulants: Adipex, Fastine, and Ionamin (derivative of Phenamine); Benzadrine; Didrac; Methamphetamine or Ritalin; Phenmetrazine or Preludin; Tenuate; etc.
- N Barbiturates
- O Other Depressants: Glutethimide or Doriden; Methaqualone or Quaalude; Pentasocine or Talwin; etc.
- P Other Drugs: Antidepressants (Elavil, Tianeptin, Tofranil, etc.); Aromatic Hydrocarbons; Propoxyphene or Darvon; Tranquilizers (Chlordiazepoxide or Librium, Diazepam or Valium, etc.); etc.
- U Unknown Drug Type

Blue Max \_\_\_\_\_ Proficiency Points \_\_\_\_\_

**BLOCK 8 SUSPECT #1** Suspect Known:  Number of Suspects: 1 Number of Arrestees:

Arrested: \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_  
 Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_

Jail sentence \_\_\_\_\_ Restitution to 1 Amount 1

Name (last, first, mi) BURKHART, DAVID, F JR

Address (street, city, state, zip) 2860 LUCKS ST NE LANCASTER OH 43130

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ SSN 581-12-0674 DOB 3-12-68

<b>RACE</b> W <input type="checkbox"/> White H <input type="checkbox"/> Hispanic I <input type="checkbox"/> Indian A <input type="checkbox"/> Asian B <input type="checkbox"/> Black U <input type="checkbox"/> Unknown	<b>SEX</b> M <input type="checkbox"/> Male F <input type="checkbox"/> Female U <input type="checkbox"/> Unknown	<b>HEIGHT</b> <u>5</u> <u>R</u> <u>2</u> <u>in.</u>	<b>WEIGHT</b> <u>140</u>	<b>HAIR</b> <u>BRO</u>	<b>EYES</b> <u>BLU</u>	<b>CLOTHING</b> <u>JEANS</u> <u>JACKET/BOOTS</u>
---	--	--	-----------------------------	---------------------------	---------------------------	--

Arrest Date _____ Arrest Number _____	<b>SUSPECT WAS ARMED WITH</b> 01 <input type="checkbox"/> Unarmed 13 <input type="checkbox"/> Rifle 18 <input type="checkbox"/> Knife 11 <input type="checkbox"/> Firearm 14 <input type="checkbox"/> Shotgun 17 <input type="checkbox"/> Club/Blackjack 12 <input type="checkbox"/> Handgun 15 <input type="checkbox"/> Other Firearm 20 <input type="checkbox"/> Other Automatic (Y or N) _____	<b>TYPE OF ARREST</b> (O) <input type="checkbox"/> On-View (S) <input type="checkbox"/> Summoned/Cited (T) <input type="checkbox"/> Taken into Custody
--	---	---

**DISPOSITION OF ARRESTEE UNDER 12:**  
 (H) \_\_\_\_\_ Handled within Department (R) \_\_\_\_\_ Referred to Other Authority

**BLOCK 9 SUSPECT #2** Suspect Known: \_\_\_\_\_

Arrested: \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_  
 Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_ Sec \_\_\_\_\_ Deg \_\_\_\_\_ Dis \_\_\_\_\_

Jail sentence \_\_\_\_\_ Restitution to \_\_\_\_\_ Amount \_\_\_\_\_

Name (last, first, mi) \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

<b>RACE</b> W <input type="checkbox"/> White H <input type="checkbox"/> Hispanic I <input type="checkbox"/> Indian A <input type="checkbox"/> Asian B <input type="checkbox"/> Black U <input type="checkbox"/> Unknown	<b>SEX</b> M <input type="checkbox"/> Male F <input type="checkbox"/> Female U <input type="checkbox"/> Unknown	<b>HEIGHT</b> R. In.	<b>WEIGHT</b>	<b>HAIR</b>	<b>EYES</b>	<b>CLOTHING</b>
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Arrest Date _____ Arrest Number _____	<b>SUSPECT WAS ARMED WITH</b> 01 <input type="checkbox"/> Unarmed 13 <input type="checkbox"/> Rifle 18 <input type="checkbox"/> Knife 11 <input type="checkbox"/> Firearm 14 <input type="checkbox"/> Shotgun 17 <input type="checkbox"/> Club/Blackjack 12 <input type="checkbox"/> Handgun 15 <input type="checkbox"/> Other Firearm 20 <input type="checkbox"/> Other Automatic (Y or N) _____	<b>TYPE OF ARREST</b> (O) <input type="checkbox"/> On-View (S) <input type="checkbox"/> Summoned/Cited (T) <input type="checkbox"/> Taken into Custody
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**DISPOSITION OF ARRESTEE UNDER 12:**  
 (H) \_\_\_\_\_ Handled within Department (R) \_\_\_\_\_ Referred to Other Authority

**BLOCK 9 WITNESS**

Name (last, first, mi) \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

Name (last, first, mi) \_\_\_\_\_

Address (street, city, state, zip) \_\_\_\_\_

Phone (H) (\_\_\_\_) \_\_\_\_\_ (W) (\_\_\_\_) \_\_\_\_\_ SSN \_\_\_\_\_ DOB \_\_\_\_\_

**BLOCK 10**

Photo Pouch Number: None Investigator: TPR K.L. BEBESELL Unit Number: 535  
 Supervisor: Det. N. Pinner Unit Number: 56

**BLOCK 11 NARRATIVE**

THIS OFFICER WAS DISPATCHED TO A COMMERCIAL VEHICLE AT THE  
PARK AND RIDE ON SR37 SUSPECTED OF LEAKING HAZARDOUS  
MATERIAL. UPON ARRIVAL TO SCENE, DRIVER OF VEHICLE HAD  
CONTINUED LEAKAGE. EPA AND FIRE DEPARTMENT CONTACTED  
AND RESPONDED TO SCENE. TRUCKING COMPANY HAZ-MAT  
CREW RESPONDED AND CLEANED UP SPILL WITHOUT  
FURTHER INCIDENTS.

**BLOCK 12 ACTION TAKEN**

4-11-02 Case Review. Solvability Not Applicable *EW*

# OHIO STATE HIGHWAY PATROL REPORT OF INVESTIGATION

Post 23 Case No. \_\_\_\_\_ Pouch No. \_\_\_\_\_ Date 04-09-02  
Subject Hazardous Material Spill

DRIVER- DAVID F. BURKHART JR.

VEHICLE DESCRIPTION- 1991 FREIGHTLINER CONVENTIONAL, BLUE IN COLOR

VIN: 1FUJAHAV91LH76181, BEARING NEW YORK REGISTRATION, 1538PC

TRAILER- 1992 EAST TRAILER, VIN: 1E1F9U281NRB13247

- 2046 HOURS I was dispatched to a commercial vehicle in the Park and Ride on SR 37 at 2046 hours. Dispatch advised that the commercial vehicle was leaking a hazardous material. I arrived at the Park and Ride and observed the driver of the vehicle looking at the trailer. I approached the driver and asked him if his trailer was leaking hazardous material and he stated "yes". He went on to inform me that the hazardous material was a lead-based liquid. I advised dispatch that approximately 5-7 gallons of the material had leaked from the trailer onto the ground. When I arrived, the driver had already contained the leakage with cat litter and quick-dry material. The driver had already contacted his safety supervisor and had the company's HAZ-MAT clean-up crew en-route from Canfield Ohio.
- 2216 HOURS Sgt. D.L. Blosser was on post and advised of the same. Dispatch advised that the Pleasant Township Fire Department was en-route to the scene and that EPA and PUCO were contacted.
- 2221 HOURS Trooper B. Todd and Sgt. D.L. Blosser arrived at the scene and contained the scene until the fire department arrived.
- 2229 HOURS Pleasant Township and Greenfield Township arrived at the scene at 2221 hours. The driver advised the fire department that a HAZ-MAT crew from Dart Trucking Company was en-route. Both fire departments assessed the situation and advised this officer that they were going to leave the clean-up to the Trucking Company. I remained at the scene with the driver until a midnight shift could relieve me.
- 2321 HOURS Trooper D. Ward arrived at the scene and waited with driver until the HAZ-MAT crew arrived.
- 2346 HOURS Commercial Vehicle Inspector, Unit #3233 arrived at the scene for inspection.
- 2359 HOURS Dart Trucking Company HAZ-MAT crew arrived at scene.
- 0207 HOURS Trooper D. Ward left scene.

*CASE CLOSED*

Signature *Tpr K. Ruben* Unit 0535

HP-126  
10-0484-00  
Rev. 12/18/00  
OHP 1204



# Commercial Vehicle Crash / Hazardous Materials Incident Notification Report

Type of Crash/HM Incident: LEAKAGE FROM TIRE TRAILER OF A  
COMMERCIAL VEHICLE

Location of Crash/HM Incident: PARK AND RIDE SR 37

Date and Time of Crash/HM Incident: 4-9-02 2046 HRS

Number of injuries/Fatalities: NONE

Description of Crash/HM Incident: TRAILER OF COMMERCIAL VEHICLE LEAKING  
A LIQUID SUBSTANCE CONTAINING LEAD

Weather and Road Conditions: DRY

Company Name: DART TRUCKING COMPANY

Company Address: 61 RAILROAD ST CANFIELD OH 44406

Company Phone: 1-800-541-8206 DOT/ICC/PUCO # \_\_\_\_\_

Company Name: WASTE TECHNOLOGIES INDUSTRIES

Company Address: 1250 ST. GEORGE STREET EAST LIVERPOOL, OH 43920

Company Phone: 330-386-2134 DOT/ICC/PUCO # ICC#(121420)

Company Name: \_\_\_\_\_

Company Address: \_\_\_\_\_

Company Phone: \_\_\_\_\_ DOT/ICC/PUCO # \_\_\_\_\_

Vehicles Involved: 1

Name: DAVID F. BURKHART JR DOB: 3-12-68

Address: 2860 LUCKS ST NE LANCASTER OH 43130 Phone: 740-6876570

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hazmat Involved: Y/N Type: Y LEAD-BASED SLUDGE

Investigating Agencies: GREENFIELD TOWNSHIP, PLEASANT TWP, THURSTON FIRE CHIEF-

MIKE JACKSON - CHIEF OF THURSTON

Status of Investigation: COMPLETE

This notification is being reported by: OSP LANCASTER

The lead investigation agency can be contacted at phone number: 740 654 1523

Sent facsimiles to the Federal Motor Carrier Safety Administration at 614-280-6875 and the Office of Licensing and Commercial Standards at 614-752-0243.

State of Ohio  
HP 70A  
Rev. 2/81  
10-0289.00

# STATE HIGHWAY PATROL STATEMENT FORM

Report Nr. 02-04064-023  
Report Date 4-9-02

Accident  Case  Other \_\_\_\_\_

I, DAVID F. BURKHART hereby make this voluntary statement  
to TPR K.C. REBERSON at Scene

I PULLED MY COMMERCIAL VEHICLE INTO THE  
PARK AND RIDE AT 1800 HRS. THE PARK AND RIDE  
IS ON SR 37. ~~BY~~ MY WIFE PICKED ME UP  
AND TOOK ME HOME SO I COULD TAKE A  
SHOWER AND GRAB SOME DINNER. I GOT BACK  
HERE AT APPROXIMATELY 1835. I SAW THAT MY  
TRAILER WAS LEAKING I CONTAINED IT AT 1845.  
I CALLED MY SAFETY DIRECTOR AND HE STARTED  
A HAZ-MAT TEAM TO MY LOCATION.

Q: WHAT DID YOU CONTAIN THE MATERIAL WITH

A: PLASTIC AND CAT LITTER AND WOODCHIP PILE

Q: HAVE YOU SUFFERED ANY INJURIES FROM THE  
MATERIAL?

A: NO

Q: APPROXIMATELY HOW MUCH MATERIAL  
LEAKED OUT?

A: APPROX 3 GALLONS

(Signature) David Burkhart  
Witness TPR K.C. Reberson

093-66-8410  
Address 2870 2860 Luckes<sup>3rd</sup>  
LANCASTER OH 43130

/OHHP0000, OHHP0035, OHHP2500, OHHP2501, OHHP2300

OHHP2300 0006 2002/04/09 23:25:20

23-422

OHHP2300

04092002

ATT:OPERATIONS

UNUSUAL INCIDENT OCCURRED INVOLVING A MINOR HAZARDOUS MATERIAL LEAK FROM A PARKED COMMERCIAL SEMI IN THE PARK AND RIDE ON SR 37 IN FAIRFIELD COUNTY. INCIDENT WAS REPORTED AT 2246 HOURS TO THE LANCASTER POST. UPON ARRIVAL AT THE SCENE TROOPER K.L. RIEBESELL, UNIT 535, SPOKE WITH THE DRIVER OF THE VEHICLE, DAVID BURKHART JR., AND HE ADVISED HE HAD CONTAINED THE SPILLED LIQUID WITH QUICK DRY. APPROXIMATELY 5-7 GALLONS OF LEAD-BASED SLUDGE LEAKED OUT OF THE FRONT OF THE TRAILER ONTO THE PAVEMENT. FIRE DEPARTMENT PERSONNEL, EPA AND PUCO WERE CONTACTED. EPA DID NOT RESPOND TO THE SCENE. THE LOAD CONTAINED 42,900 POUNDS OF LEAD-BASED SLUDGE. DART TRUCKING COMPANY HAZARDOUS MATERIAL SPILL CLEAN UP CREW WAS CONTACTED AND RESPONDED TO THE SCENE FOR CLEAN UP. MCE UNIT 3233, OFFICER ELLIS, RESPONDED TO THE SCENE AS WELL AS SERGEANT D.L. BLOSSER, UNIT 56. THE CHEMICAL WAS FOUND TO BE A LOW RISK CHEMICAL, POSING LITTLE DANGER.

OSHP LANCASTER

2328 HOURS

DLB





Office of Licensing and Commercial Standards  
Post Office Box 182074  
Columbus, Ohio 43218-2074  
COLUMBUS DHQ PHONE: 614-799-9241

VEHICLE INSPECTION REPORT  
Report #: OHKP302450  
Date: 04/09/02  
Time Started: 03:48 Time Ended: 01:45  
Insp. Level: 2 (Walk-Around Inspection)

DART TRUCKING COMPANY INC  
61 RAILROAD STREET  
CANFIELD, OH 44406  
ICC #: 121420  
Phone #: 18005418206

DOT #: 124009  
Fax #:

Driver: BURKHART JR, DAVID F  
License #: 581120674  
DOB: 03/12/68  
State #: NY  
Cargo: HAZMAT (ALL)

Location: ROADSIDE 37 REST AREA  
Highway: RT37  
Shipper: WASTE TECHNOLOGIES INDUSTRIES  
MilePost: 10  
County: FAIRFIELD

Origin: EAST LIVERPOOL OH  
Destination: ROACHDALE IN  
Shipping Paper #: HE02049308

VEHICLE IDENTIFICATION

Unit	Type	Make	Yr	Company
1	TT	FRHT	01	601
2	ST	EASU	92	1097

License	State	CVSA #
1538PC	NY	
TLE4378	OH	

HAZARDOUS MATERIALS

HM Code/Class	Qty	Wgt
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BRAKE ADJUSTMENTS

Axle #  
Right  
Left  
Chamber

VIOLATIONS

Violation Code	Sr	Unit	OOS	Citation #	Verify	Violations Discovered
395.3(b)		D	Y		N	70 hour rule violation 09 APRIL 2002 AT 11:48PM TOTAL 82 1/4 HOURS
392.9		2	Y		U	UNSECURE CARGO WATER MIX IN CARGO, DISCHARGE WATER FALLING FROM CARGO OF HM LOAD
393.102(a)		2	N		N	Improper securement syst (tie-down, assemblies) NOT COVER CARGO LOAD

Consignee: HERITAGE ENVIRONMENTAL SERVICE Interstate Shipment: Y For-Hire Carrier: Y SSN: 093668410  
Drv Street Address: 455 EISENHOWER Drv City: ANGOLA Drv State: NY Drv ZIP: 14006  
Seal Broken for Inspection: N Original Seal No.: Replacement Seal No.: HM Incident/Accident: N  
Placards Displayed: Y Placards offered by shipper: Y Ship docs. prep by carrier: N  
Ship. docs. prep. by shipper: Y Loaded by Shipper: Y Loaded by carrier: N Tank Spec No.: HazClass A: 9  
ID No. A: NA3077 Gross Wt. A: 40000LBS Haz Class B: ID No. B: Gross Wt B: Haz Class C: ID No. C:  
Gross Wt C: Haz Class D: ID No. D: Gross Wt D: Haz Class E: ID No. E: Gross Wt. E:  
Photos Taken: N Photo Ref No.: Supplemental Report: N PaperRptNumber:

I hereby declare DAVID F BURKHART JR. "Out of Service." This driver MAY NOT DRIVE any commercial motor vehicle nor may any carrier permit or require this driver to drive any commercial motor vehicle until: 11 APRIL 2002 AT 12:01A.M. POSSIBLE \$1,000 PENALTY (\$10,000 IF HAULING HAZMAT):

I hereby declare the vehicle(s) so marked above to be OUT OF SERVICE. No person shall remove the OUT OF SERVICE stickers applied to this vehicle, if any, nor operate such vehicle until the out of service defects have been repaired and the vehicle(s) restored to safe operating condition. POSSIBLE \$1,000 PENALTY (\$10,000 IF HAULING HAZMAT):

NOTE TO DRIVER/MECHANIC: This report must be furnished WITHIN 24 HOURS to the motor carrier whose name appears at the top of this report. NOTE TO MOTOR CARRIERS: Sign the certification below and the one on the back of this form and return this report to the address which appears on the other side of this report within 15 days.

Signature of Repairer: X \_\_\_\_\_ Facility: \_\_\_\_\_ Date: \_\_\_\_\_

CARRIER CERTIFICATION: [This certification and the one on the back of this form MUST BE SIGNED by the motor carrier and RETURNED WITHIN 15 DAYS if any mechanical violations are listed above.] "The undersigned certifies that all mechanical violations listed on this report have been corrected and action taken to assure compliance with the Motor Carrier Safety and HM Regulations insofar as they are applicable to motor carriers and drivers."

Signature of Carrier Official: X \_\_\_\_\_ Date \_\_\_\_\_

Report Prepared By:  
ELLIS DONEY H.

Badge #:  
3233

Copy Received By:  
DAVID F. BURKHART JR.  
X

Page #: 1  
Last Page

*Inspector [Signature]*