

# Memorandum

**To:** Dan Bolger  
**CC:**  
**From:** Bill Brobst  
**Date:** 6/7/02  
**Re:** Force 3G Spill on 6/6/2

---

On Thursday June 6<sup>st</sup>, at 1519 hours I responded to State Route 256 and Basil Road to meet Basil Fire on a farm chemical spill.

The spill was approximately 100 to 200 lbs. of Force 3G (active ingredient Tefluthrin) an Insecticide for use in planting corn. The spill was about 1 mile in length on the North lanes. The farmer responsible for the spill had cleaned up the bulk of the spill.

BJFD shut down Rout 256 and notified S.O. who also notified O.H.P.

EPA was contacted. Wes Drake (EPA # 0206-23-2287) advised to place Tide over the product, sweep the mixture up with kitty litter and wash road.

Tide and kitty litter was bought by the responsible spiller locally. More Tide was purchased by Dan Bolger in Lancaster and brought to the scene

The bulk of the dry mixture was picked by the responsible farmer to be land applied later. BBU was called and provided a recovery truck. The street was washed and scrubbed and the remaining wet product was vacuumed off the street.

Incident Commander was Chief Hite Chief 610

Responsible spiller was  
Jim Landis  
2665 Reynoldsburg/Baltimore Road  
Baltimore Ohio 43105  
740 862 4055

Respectfully submitted

Bill Brobst

Bill

6/17

Talked with Bob Clark - He got  
your message that you'd get together  
with him after July 1st —

We will go for Full Scale with  
at least 8 points of review checked  
off. So be prepared!

Don B

# OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 10/99)

020606813

CRASH SEVERITY  
3 1 FATAL 3 PDO  
2 INJURY 4 UNKNOWN

HIT/SKIP  
1 NOT HIT/SKIP  
2 SOLVED  
3 UNSOLVED

PHOTOS TAKEN  
OH-2 OH-3 OH-1P OTHER

REPORTING AGENCY \*  
23300 BALTIMORE POLICE

98 = ANIMAL  
99 = UNKNOWN  
06062002

DAY OF WEEK: 15:00 THU  
NAME (OF CITY, VILLAGE OR TOWNSHIP) \*: BALTIMORE  
LATITUDE: 23

CRASH OCCURRED ON: PREFIX W, CRASH LOCATION MARKET ST., TYPE LOC 1  
TYPE LOCATION POINT USED: 1 NAMED STREET, 3 NUMBERED ROUTE, 2 NUMBERED STREET  
LOCAL INFORMATION: DIST REFERENCE W, REFERENCE BASIL Rd, REF POINT 02  
REFERENCE POINT USED: 01 STATE LINE, 02 INTERSECTION 2 STREETS, 03 COUNTY LINE  
04 HOUSE NUMBER, 05 TOWNSHIP BOUNDARY, 06 MILE POST, 07 CORPORATION LIMIT, 08 PLACE NAME W/O REFERENCE, 09 DRIVEWAY, 10 STREET OR ROUTE W/O REFERENCE

A 1 1 NAME (LAST, FIRST, MIDDLE) MILLER STEVE  
ADDRESS (STREET, CITY, STATE, ZIP CODE) 2800 REYNOLDSBURG - BALTIMORE Rd. BALTIMORE, OH, 43105

SOCIAL SECURITY # [blank] DATE OF BIRTH 8/20/1953 AGE 48 SEX M HOME PHONE # 740-862-6181 WORK PHONE # 740-862-4325

DL STATE OH DL # RK548238 LP STATE LP # INJURED TAKEN BY 1 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") LANDS FARMS INC. ADDRESS (STREET, CITY, STATE, ZIP CODE) 2330 REYNOLDSBURG - BALTIMORE Rd.

YEAR 1980 MAKE CASE MODEL 2670 COLOR WHITE INSURANCE COMPANY STARKY INS. TOWING SERVICE OWNER PHONE # 740-862-4325

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION #

B [blank] NAME (LAST, FIRST, MIDDLE) ADDRESS (STREET, CITY, STATE, ZIP CODE) SOCIAL SECURITY # DATE OF BIRTH AGE SEX HOME PHONE # WORK PHONE #

DL STATE DL # LP STATE LP # INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

OWNER NAME (IF SAME, WRITE "SAME") ADDRESS (STREET, CITY, STATE, ZIP CODE)

YEAR MAKE MODEL COLOR INSURANCE COMPANY TOWING SERVICE OWNER PHONE #

OFFENSE CHARGED OFFENSE DESCRIPTION CITATION #

C [blank] NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

D [blank] NAME (LAST, FIRST, MIDDLE) HOME PHONE # DATE OF BIRTH AGE SEX  
ADDRESS (STREET, CITY, STATE, ZIP CODE) INJURED TAKEN BY 1 NONE 4 OTHER 2 EMS 5 UNKNOWN 3 POLICE TRANSPORTED BY INJURED TAKEN TO

Motorist/Non-Motorist

Occupant

SEATING POSITION  
02 01 FRONT - LEFT (MC DRIVER)  
02 FRONT - MIDDLE  
03 FRONT - RIGHT  
04 SECOND - LEFT (MC PASS)  
05 SECOND - MIDDLE  
06 SECOND - RIGHT  
07 THIRD - LEFT (MC PASSENGER/SIDE CAR)  
08 THIRD - MIDDLE  
09 THIRD - RIGHT  
10 SLEEPER SECTION OF CAB  
11 ENCLOSED CARGO AREA  
12 UNCLOSED CARGO AREA  
13 TRAILING UNIT  
14 EXTERIOR  
15 OTHER  
16 NON-MOTORIST  
17 UNKNOWN

SAFETY EQUIPMENT  
07 01 NONE USED  
02 SHOULDER BELT ONLY  
03 LAP BELT ONLY  
04 SHOULDER/LAP BELT  
05 CHILD SAFETY SEAT  
06 MC HELMET USED  
07 USE UNKNOWN  
NON-MOTORIST  
08 NONE USED  
09 HELMET USED  
10 PROTECTIVE PADS  
11 REFLECTIVE CLOTHING  
12 LIGHTING  
13 OTHER  
14 UNKNOWN

AIR BAG  
5 1 NOT-DEPLOYED  
2 DEPLOYED-FRONT  
3 DEPLOYED-SIDE  
4 DEPLOYED BOTH FRONT/SIDE  
5 NOT APPLICABLE  
6 UNKNOWN

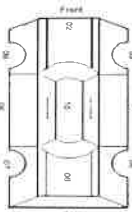
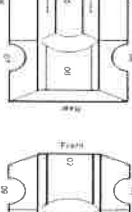
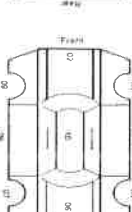
AIR BAG SWITCH  
1 1 NOT PRESENT  
2 IN ON POSITION  
3 IN OFF POSITION  
4 UNKNOWN

EJECTION  
1 1 NOT EJECTED  
2 TOTALLY EJECTED  
3 PARTIALLY EJECTED  
4 NOT APPLICABLE  
5 UNKNOWN

TRAPPED  
1 1 NOT TRAPPED  
2 EXTRICATED BY MECHANICAL MEANS  
3 FREED BY NON-MECHANICAL MEANS  
4 UNKNOWN

INJURIES  
1 1 NO INJURY  
2 POSSIBLE  
3 NON-INCAPACITATING  
4 INCAPACITATING  
5 FATAL INJURY  
6 UNKNOWN

SUPPLEMENT \*  
X if Yes

<b>UNIT NUMBERS</b> <input type="text" value="1"/> <input type="text"/>	<b>DAMAGE AREA</b> 	<b>PRE-CRASH ACTIONS</b> <input type="text" value="01"/> <input type="text"/>	<b>SEQUENCE OF EVENTS</b> <table border="1"> <tr><td>A</td><td>B</td></tr> <tr><td>1</td><td>2</td></tr> <tr><td>3</td><td>4</td></tr> <tr><td>5</td><td>6</td></tr> <tr><td>7</td><td>8</td></tr> <tr><td>9</td><td>10</td></tr> <tr><td>11</td><td>12</td></tr> </table>	A	B	1	2	3	4	5	6	7	8	9	10	11	12	<b>POSTED SPEED</b> <input type="text" value="25"/> <input type="text"/>	<b>DRUG TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>
A	B																		
1	2																		
3	4																		
5	6																		
7	8																		
9	10																		
11	12																		
<b>NON-MOTORIST LOCATION</b> <input type="text"/> <input type="text"/>	<b>A</b> 	<b>MOTORIST</b> 01 MOVEMENTS ESSENTIALLY STRAIGHT AHEAD 02 BACKING 03 CHANGING LANES 04 OVERTAKING/PASSING 05 TURNING RIGHT 06 TURNING LEFT 07 MAKING U-TURN 08 ENTERING TRAFFIC LANE 09 LEAVING TRAFFIC LANE 10 PARKED 11 SLOWING/STOPPED IN TRAFFIC 12 DRIVERLESS 13 OTHER 14 UNKNOWN <b>NON-MOTORIST</b> 15 ENTERING/CROSSING IN SPECIFIED LOCATION 16 WALKING, RUNNING, JOGGING, PLAYING, CYCLING 17 WORKING 18 PUSHING VEHICLE 19 APPROACHING/LEAVING VEHICLE 20 PLAYING/WORKING ON VEHICLE 21 STANDING 22 OTHER 23 UNKNOWN	<b>Non-Collision</b> 01 OVERTURN/ROLLOVER 02 FIRE/EXPLOSION 03 IMMERSION 04 JACKKNIFE 05 CARGO/EQUIPMENT LOSS/SHIFT 06 EQUIPMENT FAILURE 07 SEPARATION OF UNITS 08 RAN OFF ROAD RIGHT 09 RAN OFF ROAD LEFT 10 CROSS MEDIAN/CENTERLINE 11 DOWNHILL RUNAWAY 12 OTHER NON-COLLISION 13 UNKNOWN NON-COLLISION <b>COLLISION W/ PERSON, VEHICLE, OR OBJECT NOT FIXED</b> 14 PEDESTRIAN 15 PEDALCYCLE 16 RAILWAY VEHICLE 17 ANIMAL - C-FARM 18 ANIMAL - DEER 19 ANIMAL - OTHER 20 MOTOR VEHICLE IN TRANSPORT 21 PARKED MOTOR VEHICLE 22 WORK ZONE MAINTENANCE EQUIPMENT 23 OTHER MOVABLE OBJECT 24 UNKNOWN MOVABLE OBJECT <b>COLLISION WITH FIXED OBJECT</b> 25 IMPACT ATTENUATOR/CRASH CUSHION 26 BRIDGE OVERHEAD STRUCTURE 27 BRIDGE PIER OR ABUTMENT 28 BRIDGE PARAPET 29 BRIDGE RAIL 30 GUARDRAIL FACE 31 GUARDRAIL END 32 MEDIAN BARRIER 33 HIGHWAY TRAFFIC SIGN POST 34 OVERHEAD SIGN POST 35 LIGHT/LUMINARIES SUPPORT 36 UTILITY POLE 37 OTHER POST, POLE OR SUPPORT 38 CULVERT 39 CURB 40 DITCH 41 EMBANKMENT 42 FENCE 43 MAILBOX 44 TREE 45 OTHER FIXED OBJECT 46 WORK ZONE MAINTENANCE EQUIPMENT 47 UNKNOWN FIXED OBJECT 48 OTHER 49 UNKNOWN	<b>TRAFFIC CONTROL</b> <input type="text" value="01"/> <input type="text"/>	<b>DRUG TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>														
01 MARKED CROSSWALK AT INTERSECTION 02 INTERSECTION/ NO CROSSWALK 03 NON-INTERSECTION CROSSWALK 04 DRIVEWAY ACCESS CROSSWALK 05 IN ROADWAY 06 NOT IN ROADWAY 07 MEDIAN (BUT NOT SHOULDER) 08 ISLAND 09 SHOULDER 10 SIDEWALK 11 WITHIN 10 FEET OF ROADWAY (NOT SHOULDER, MEDIAN, SIDEWALK, ISLAND) 12 BEYOND 10 FEET OF ROADWAY (WITHIN TRAFFICWAY) 13 OUTSIDE TRAFFICWAY 14 SHARED USE PATHS OR TRAILS 15 UNKNOWN	<b>B</b> 	<b>CONTRIBUTING CIRCUMSTANCES</b> <input type="text" value="22"/> <input type="text"/>	<b>Direction</b> FROM TO FROM TO <input type="text" value="3"/> <input type="text" value="4"/> <input type="text"/> <input type="text"/>	01 NO CONTROLS 02 STOP SIGN 03 YIELD SIGN 04 TRAFFIC SIGNAL 05 TRAFFIC FLASHERS 06 SCHOOL ZONE 07 RAILROAD CROSSBUCKS 08 RAILROAD FLASHERS 09 RAILROAD GATES 10 CONSTRUCTION BARRICADE 11 POLICE OFFICER 12 PAVEMENT MARKINGS 13 CROSSWALK LINES 14 WALK/DON'T WALK SIGNAL 15 TRAFFIC CONTROL DEVICE INOPERATIVE, MISSING, OBSCURED 15 OTHER	<b>DRUG TEST 1&amp;2 RESULT</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text"/> <input type="text"/>														
<b>TYPE OF UNIT</b> <input type="text" value="31"/> <input type="text"/>	<b>MOST DAMAGED AREA</b> <input type="text" value="01"/> <input type="text"/>	<b>MOTORIST</b> 01 NONE 02 FAILURE TO YIELD 03 RAN RED LIGHT, OR STOP SIGN 04 EXCEEDED SPEED LIMIT 05 UNSAFE SPEED 06 IMPROPER TURN 07 LEFT OF CENTER 08 FOLLOWED TOO CLOSELY/ACDA 09 IMPROPER LANE CHANGE/ DROVE OFF ROAD/ IMPROPER PASSING 10 IMPROPER BACKING 11 IMPROPER START FROM PARKED POSITION 12 STOPPED OR PARKED ILLEGALLY 13 OPERATING VEHICLE IN ERRATIC, RECKLESS, CARELESS, NEGLIGENT OR AGGRESSIVE MANNER 14 SWERVING TO AVOID (DUE TO WIND, SLIPPERY SURFACE, VEHICLE, OBJECT, NON-MOTORIST IN ROADWAY, ETC) 15 FAILURE TO CONTROL 16 VISION OBSTRUCTION 17 DRIVER INATTENTION 18 FATIGUE/ASLEEP 19 OPERATING DEFECTIVE EQUIPMENT 20 LOAD SHIFTING/FALLING/SPILLING 21 OTHER IMPROPER ACTION 22 UNKNOWN <b>NON-MOTORIST</b> 23 NONE 24 IMPROPER CROSSING 25 DARTING 26 LYING AND/OR ILLEGALLY IN ROADWAY 27 FAILURE TO YIELD RIGHT OF WAY 28 NOT VISIBLE (DARK CLOTHING) 29 INATTENTIVE 30 FAILURE TO OBEY TRAFFIC SIGNS, SIGNALS, OR OFFICER 31 WRONG SIDE OF THE ROAD 32 OTHER 33 UNKNOWN	<b>First Harmful Event</b> <input type="text" value="1"/> <input type="text"/>	<b>CONDITION</b> <input type="text" value="1"/> <input type="text"/>	<b>TYPE OF INTERSECTION</b> <input type="text" value="01"/> <input type="text"/>														
<b>MOTORIST</b> 01 SUB-COMPACT 02 COMPACT 03 MID SIZE 04 FULL SIZE 05 MINIVAN 06 SPORT UTILITY VEHICLE 07 PICKUP 08 PANEL/VAN 09 SINGLE UNIT TRUCK; 2 AXLES, 6 TIRES 10 SINGLE UNIT TRUCK; 3+ AXLES 11 TRUCK/TRAILER 12 TRUCK TRACTOR (BOBTAIL) 13 TRACTOR/SEMI-TRAILER 14 TRACTOR/DOUBLE SHORT 15 TRACTOR/DOUBLE LONG 16 FIFTH WHEEL OR CONVERTER DOLLY 17 TRACTOR/TRIPLES 18 MOTORCYCLE 19 MOTORIZED BICYCLE 20 SCHOOL BUS 21 CHURCH BUS 22 PUBLIC BUS 23 OTHER BUS 24 POLICE VEHICLE 25 FIRE TRUCK 26 AMBULANCE/RESCUE 27 TAXI 28 MOTOR HOME 29 TRAM 30 FARM VEHICLE 31 FARM EQUIPMENT 32 SNOWMOBILE 33 CONSTRUCTION EQUIPMENT 34 ALL OTHERS <b>NON-MOTORIST</b> 35 ANIMAL W/RIDER 36 ANIMAL W/BUGGY 37 BICYCLE 38 PEDESTRIAN 39 PEDALCYCLIST 40 SKATER 41 OTHER-NON MOTORIST 42 UNKNOWN	<b>POINT OF IMPACT</b> <input type="text" value="12"/> <input type="text"/>	<b>VEHICLE DEFECT CODE ONLY IF '19' SELECTED ABOVE</b> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<b>Most Harmful Event</b> <input type="text" value="1"/> <input type="text"/>	<b>ALCOHOL/DRUG SUSPECTED</b> <input type="text" value="1"/> <input type="text"/>	<b>OCCURRENCE</b> <input type="text" value="1"/> <input type="text"/>														
<b>IN EMERGENCY RESPONSE</b> <input type="text" value="1"/> <input type="text"/>	<b>ACTION</b> <input type="text" value="3"/> <input type="text"/>	<b>STRIKING VEHICLE: OVERRIDE/ UNDERRIDE</b> <input type="text"/> <input type="text"/>	<b>Speed Detected</b> <input type="text" value="2"/> <input type="text"/>	<b>ALCOHOL TEST STATUS</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONTOUR</b> <input type="text" value="1"/> <input type="text"/>														
<b>DAMAGE SCALE</b> <input type="text" value="3"/> <input type="text"/>	<b>1 NONE</b> 2 UNDERFUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	01 TURN SIGNALS 02 HEAD LAMPS 03 TAIL LAMPS 04 BRAKES 05 STEERING 06 TIRE BLOWOUT 07 WORN OR SLICK TIRES 08 TRAILER EQUIPMENT DEFECTIVE 09 MOTOR TROUBLE 10 DISABLED FROM PRIOR CRASH 11 OTHER DEFECTS	<b>Speed</b> <input type="text" value="7"/> <input type="text"/>	<b>ALCOHOL TEST TYPE</b> <input type="text" value="1"/> <input type="text"/>	<b>ROAD CONDITIONS</b> PRIMARY SECONDARY <input type="text" value="02"/> <input type="text"/>														
<b>1 No</b> 2 Yes 3 UNKNOWN	<b>1 NON-CONTACT</b> 2 NON-COLLISION 3 STRIKING 4 STRUCK 5 BOTH STRIKING AND STRUCK 6 UNKNOWN		<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE FIRST HARMFUL EVENT (1-4)</b> <input type="text" value="1"/> <input type="text"/>	<b>1 NONE</b> 2 TEST REFUSED 3 TEST GIVEN, CONTAMINATED SAMPLE/UNUSABLE 4 TEST GIVEN, RESULTS KNOWN 5 TEST GIVEN, RESULTS UNKNOWN 6 UNKNOWN	<b>1 ON ROADWAY</b> 2 ON SHOULDER 3 IN MEDIAN 4 ON ROADSIDE 5 ON GORE 6 OUTSIDE TRAFFICWAY 7 UNKNOWN														
<b>1 NONE</b> 2 NON-FUNCTIONAL DAMAGE 3 FUNCTIONAL DAMAGE 4 DISABLING DAMAGE 5 SEVERE 6 UNKNOWN	<b>1 NONE</b> 2 BLOOD 3 URINE 4 OTHER		<b>OF THE SEQUENCE OF EVENTS - WHICH ONE IS THE MOST HARMFUL EVENT (1-4)</b> <input type="text" value="1"/> <input type="text"/>	<b>1 NONE</b> 4 BREATH 5 OTHER	<b>01 DRY</b> 02 WET 03 SNOW 04 ICE 05 SAND, MUD, DIRT, OIL, GRAVEL 06 WATER (STANDING, MOVING) 07 SLUSH 08 DEBRIS** 09 RUT, HOLES, BUMPS, UNEVEN PAVEMENT** 10 OTHER 11 UNKNOWN **SECONDARY ROAD CONDITIONS ONLY														
			<b>SUPPLEMENT * 'X' IF YES</b> <input type="text"/>	<b>LOCAL REPORT # *</b> <input type="text" value="020606813"/>															



**A** MM DD YYYY  
 23124 OH 06 06 2002 610 02-0610092 000  
 FDID \* State \* Incident Date \* Station Incident Number \* Exposure \*  
 Delete  Change  No Activity **NFIRS -1 Basic**

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

Street address  
 Intersection  
 In front of  
 Rear of  
 Adjacent to  
 Directions

1300 MARKET ST  
 Number/Milepost Prefix Street or Highway Street Type Suffix

BALTIMORE OH 43105  
 Apt./Suite/Room City State Zip Code

Gross street or directions, as applicable

**C Incident Type \***  
 422 Chemical spill or leak  
 Incident Type

**E1 Date & Times** Midnight is 0000  
 Check boxes if dates are the same as Alarm Date.  
 ALARM always required  
 Alarm \* 06 06 2002 15:25:00  
 Month Day Year Hr Min Sec

**E2 Shift & Alarms** Local Option  
 2 01 610  
 Shift or Alarms District Platoon

**D Aid Given or Received\***

1  Mutual aid received  
 2  Automatic aid recvd.  
 3  Mutual aid given  
 4  Automatic aid given  
 5  Other aid given  
 N  None

Their FDID Their State  
 Their Incident Number

ARRIVAL required, unless canceled or did not arrive  
 Arrival \* 06 06 2002 15:27:00  
 Month Day Year Hr Min Sec

Controlled  
 CONTROLLED Optional, Except for wildland fires

Last Unit Cleared  
 LAST UNIT CLEARED, required except for wildland fires  
 06 06 2002 20:45:00  
 Month Day Year Hr Min Sec

**E3 Special Studies** Local Option  
 Special Study ID# Special Study Value

**F Actions Taken \***

43 Hazardous materials  
 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 0004 0011

Check box if resource counts include aid received resources.

**G2 Estimated Dollar Losses & Values**

LOSSES: Required for all fires if known. Optional for non fires. None

Property \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
 Contents \$ \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

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

**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**  None  
 Deaths Injuries  
 Fire Service  
 Civilian

**H2 Detector** Required for Confined Fires.  
 1  Detector alerted occupants  
 2  Detector did not alert them  
 U  Unknown

**H3 Hazardous Materials Release**

N  None  
 1  Natural Gas: slow leak, no evacuation or HazMat actions  
 2  Propane gas: <21 lb. tank (as in home 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**

NN  Not Mixed  
 10  Assembly use  
 20  Education use  
 33  Medical use  
 40  Residential use  
 51  Row of stores  
 53  Enclosed mall  
 58  Bus. & Residential  
 59  Office use  
 60  Industrial use  
 63  Military use  
 65  Farm use  
 00  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

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

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/boardng 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

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 NOT checked a Property Use box:  
 Property Use 962  
**Residential street, road or**  
 NFIRS-1 Revision 03/11/99

**K1 Person/Entity Involved** LANDIS FARMS INC. 740 - 862 - 4055  
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.

           JIM                                                         
Mr., Ms., Mrs. First Name MI Last Name Suffix

2665            REYNOLDSBURG-BALTIMORE RD             
Number Prefix Street or Highway Street Type Suffix

                      BALTIMORE  
Post Office Box Apt./Suite/Room City

OH 43105 -             
State Zip Code

More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) 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

CALLED TO A HAZMAT SPILL AT ABOVE LOCATION LASTED APPROXIMATELY 1 1/2 MILES. FARM OWNER NOTIFIED US APPROXIMATELY 2 HOUR'S PRIOR TO OUR ARRIVAL ON SCENE. CALLED E.P.A. AND COUNTY E.M.A.. E.P.A. ADVISED US TO BRUSH FARM CHEMICAL WITH TIDE TO DILUTE SUBSTANCE, THEN PUT OIL-DRI DOWN TO ABSORB, THEN VACUUM UP ALL MATERIAL WITH A VAC TRUCK. UPON OUR INITIAL ARRIVAL COMPANIES DAMMED AND DIKED ALL STORM DRAINS. FOLLOWED E.P.A.'S GUIDELINES ON HANDLING SPILL OF FORCE 3G INSECTICIDE.

OTHER AGENCIES INVOLVED IN INCIDENT:  
COUNTY EMA WAS PRESENT  
DAN BOLGER  
BILL BROBST  
SCOTT BAKER  
CLEAN-UP COMPANY WAS BBU SERVICE, INC. FROM LANCASTER, OHIO  
2- VILLAGE EMPLOYEE'S  
4- BALTIMORE POLICE UNITS

ITEMS USED:

1 - 4' X 6' WHITE BLANKET, 15 - 12" X 12" ABSORBENT PADS, 8 - 2" X 36" ABSORBENT PIGS, 1- RECOVERY DRUM. 12- TRAFFIC CONES  
1- GENERATOR, 80 LBS. OF "TIDE" PROVIDED BY THE LANDIS FARMS, 500 LBS. OF OIL-DRI PROVIDED BY THE LANDIS FARM  
1- 200' OF ELECTRICAL CORD, 6 - 16LB. BOXES OF "TIDE" PROVIDED BY COUNTY E.M.A. \$ 120.50, 8- SHOP BROOMS  
24 - BOTTLES OF BOTTLED WATER, 12 CANS OF MOUNTAIN DEW, 12 CANS PEPSI, 1 BOX OF X-LARGE MEDICAL

**L Authorization**

122 HITE, JIM FC            06 06 2002  
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer in charge. 205 SHIELDS, MIKE EMT            06 06 2002  
Member making report ID Signature Position or rank Assignment Month Day Year

**B** HazMat ID                      UN Number                      DOT Hazard Classification                      CAS Registration Number                      Chemical Name FORCE 3G INSECTICIDE

**C1** Container Type 42  
 Container Type  
 More hazardous Materials? Use additional sheets.

**C2** Estimated Container Capacity                     ,                     , 100  
 Capacity: by volume or weight  
**C3** Units: Capacity Check one box  
**VOLUME**  
 11  Ounces  
 12  Gallons  
 13  Barrels: 42 gal.  
 14  Liters  
 15  Cubic feet  
 16  Cubic meters  
**WEIGHT**  
 21  Ounces  
 22  Pounds  
 23  Grams  
 24  Kilograms

**D1** Estimated Amount Released                     ,                     , 100  
 Amount released: by volume or weight  
**D2** Units: Released Check one box  
**VOLUME**  
 11  Ounces  
 12  Gallons  
 13  Barrels: 42 gal.  
 14  Liters  
 15  Cubic feet  
 16  Cubic meters  
**WEIGHT**  
 21  Ounces  
 22  Pounds  
 23  Grams  
 24  Kilograms

**E1** Physical State When Released  
 1  Solid  
 2  Liquid  
 3  Gas  
 U  Undetermined  
**E2** Released Into 3  
 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.

**F2** Population Density  
 1  Urban  
 2  Suburban  
 3  Rural

**G2** Area Evacuated  None  
 1  Square Feet                     ,                       
 2  Blocks Enter Measurement  
 3  Square miles

**H** HazMat Actions Taken  
 Enter up to three actions taken  
13 Hazmat spill control  
 Primary Action Taken (1)  
                      
 Additional Action Taken (2)  
                      
 Additional Action Taken (3)

**F1** Released From:  
 Check all applicable boxes  
 Below grade  
 1  Inside/on structure                      Story of Release  
 2  Outside of structure

**G1** Area Affected  
 1  Square Feet  
 2  Blocks  
 3  Square miles  
                    ,                       
 Enter Measurement

**G3** Estimated Number of People Evacuated                     ,                     

**G4** Estimated Number of Buildings Evacuated                     ,                       None

**I** If fire or explosion is involved with a release, which occurred first?  
 1  Ignition U  Undetermined  
 2  Release

**J** Cause Of Release \*  
 1  Intentional  
 2  Unintentional release  
 3  Container/containment failure  
 4  Act of nature  
 5  Cause under investigation  
 U  Cause undetermined after investigation

**K** Factors Contributing to Release  
 Enter up to three contributing factors  
71 Collision, overturn, knockdown  
 Factor Contributing To Release (1)  
                      
 Factor Contributing To Release (2)  
                      
 Factor Contributing To Release (3)

**K** Factors Affecting Mitigation  
 Enter up to three factors or impediments that affected the mitigation of the incident  
                      
 Factor or impediment (1)  
                      
 Factor or impediment (2)  
                      
 Factor or impediment (3)

**M** Equipment Involved In Release  None  
                      
 Equipment involved in release  
 Brand                       
 Model                       
 Serial Number                       
 Year                     

**N** Mobile Property Involved In Release  None  
                      
 Mobile property type  
                      
 Mobile property make  
                     Year  
 Mobile property model  
                     State  
 License Plate Number  
                      
 DOT Number/ ICC Number

**O** HazMat Disposition\*  
 1  Completed by fire service only  
 2  Completed w/ fire service present  
 3  Released to local agency  
 4  Released to county agency  
 5  Released to state agency  
 6  Released to federal agency  
 7  Released to a private agency  
 8  Released to property owner or manager  
**O** HazMat Civilian Casualties  
 Deaths                      Injuries



B Apparatus or * Resource	Date and Times					Sent <input checked="" type="checkbox"/>	Number of * People	Use Check ONE box for each apparatus to indicate its main use at the incident.	Actions Taken	
	Dispatch	Arrival	Clear	Month	Day					
1 ID <u>C610</u> Type <u>92</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u>	<u>6</u>	<u>2002</u>	<u>15:25</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>E612</u> Type <u>11</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u>	<u>6</u>	<u>2002</u>	<u>15:27</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>G610</u> Type <u>16</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u>	<u>6</u>	<u>2002</u>	<u>15:25</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>R610</u> Type <u>71</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>6</u>	<u>6</u>	<u>2002</u>	<u>15:25</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
5 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
6 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
7 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
8 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
9 ID <u>    </u> Type <u>    </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u>    </u>	<u>    </u>	<u>    </u>	<u>    </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

**Type of Apparatus or Resources**

- Ground Fire Suppression**
- 11 Engine
  - 12 Truck or aerial
  - 13 Quint
  - 14 Tanker & pumper combination
  - 16 Brush truck
  - 17 ARF (Aircraft Rescue and Firefighting)
  - 10 Ground fire suppression, other
- Heavy Ground Equipment**
- 21 Dozer or plow
  - 22 Tractor
  - 24 Tanker or tender
  - 20 Heavy equipment, other
- Aircraft**
- 41 Aircraft: fixed wing tanker
  - 42 Helitanker
  - 43 Helicopter
  - 40 Aircraft, other

- Marine Equipment**
- 51 Fire boat with pump
  - 52 Boat, no pump
  - 50 Marine apparatus, other
- Support Equipment**
- 61 Breathing apparatus support
  - 62 Light and air unit
  - 60 Support apparatus, other
- Medical & Rescue**
- 71 Rescue unit
  - 72 Urban Search & rescue unit
  - 73 High angle rescue unit
  - 75 BLS unit
  - 76 ALS unit
  - 70 Medical and rescue unit, other

**More Apparatus?  
Use Additional  
Sheets**

- Other**
- 91 Mobile command post
  - 92 Chief officer car
  - 93 HazMat unit
  - 94 Type 1 hand crew
  - 95 Type 2 hand crew
  - 99 Privately owned vehicle
  - 00 Other apparatus/resource
  - NN None
  - UU Undetermined

<b>A</b>	FDID * <b>23124</b>	State * <b>OH</b>	Incident Date * MM <b>6</b> DD <b>6</b> YYYY <b>2002</b>	Station <b>610</b>	Incident Number * <b>02-0610092</b>	Exposure * <b>000</b>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 10 Personnel</b>
<b>B</b>	<b>Apparatus or Resource</b> <small>Use codes listed below</small>	<b>Date and Times</b> <small>Check if same as alarm date</small> Month Day Year Hours/mins			<b>Sent</b> <input checked="" type="checkbox"/>	<b>Number of People</b> <b>3</b>	<b>Use</b> <small>Check ONE box for each apparatus to indicate its main use at the incident.</small> <input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<b>Actions Taken</b> <small>List up to 4 actions for each apparatus and each personnel.</small>
<b>1</b>	ID <b>C610</b> Type <b>92</b>	Dispatch <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:25</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:27</b>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>20:45</b>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>
	130	COOLEY, ROB	AC	X				
	221	BYER, KEN	EMT	X				
	226	WARD, CANDICE	FF	X				
<b>2</b>	ID <b>E612</b> Type <b>11</b>	Dispatch <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:25</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:27</b>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>20:45</b>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>
	111	JONES, PAUL	BC	X				
	222	McDOWELL, JUSTIN	EMT	X				
	232	SHIELDS, DOUG	FF	X				
<b>3</b>	ID <b>G610</b> Type <b>16</b>	Dispatch <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:25</b>	<input checked="" type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>15:27</b>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<b>6</b> <b>6</b> <b>2002</b>	<b>20:45</b>				<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
	<b>Personnel ID</b>	<b>Name</b>	<b>Rank or Grade</b>	<b>Attend</b> <input checked="" type="checkbox"/>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>	<b>Action Taken</b>
	110	LOBDILL, HARRY	CP	X				
	122	HITE, JIM	FC	X				

**A** FDID 23124 \* State OH \* Incident Date 6 6 2002 \* Station 610 Incident Number 02-0610092 \* Exposure 000 \*  Delete  Change **NFIRS - 10 Personnel**

**B Apparatus or Resource** \* Use codes listed below

**Date and Times** Check if same as alarm date  
 Month Day Year Hours/mins

Sent  X

Number of \* People 3

Use Check ONE box for each apparatus to indicate its main use at the incident.  
 Suppression  
 EMS  
 Other

Actions Taken List up to 4 actions for each apparatus and each personnel.  
 [ ] [ ]  
 [ ] [ ]

**1** ID R610 Dispatch  6 6 2002 15:25 Sent  X

Type 71 Arrival  6 6 2002 15:27  Suppression

Clear  6 6 2002 20:45  EMS

Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
106	HAMILTON, MIKE	BC	X				
205	SHIELDS, MIKE	EMT	X				
231	PUTNAM, JOHN	FF	X				

**2** ID [ ] Dispatch  [ ] [ ] [ ] [ ] [ ] Sent  [ ]

Type [ ] Arrival  [ ] [ ] [ ] [ ] [ ]  Suppression

Clear  [ ] [ ] [ ] [ ] [ ]  EMS

Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

**3** ID [ ] Dispatch  [ ] [ ] [ ] [ ] [ ] Sent  [ ]

Type [ ] Arrival  [ ] [ ] [ ] [ ] [ ]  Suppression

Clear  [ ] [ ] [ ] [ ] [ ]  EMS

Other

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/> X	Action Taken	Action Taken	Action Taken	Action Taken
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				
			<input type="checkbox"/>				

3833641

PREFIX	CLAIM NUMBER
R <input type="checkbox"/>	SFP 3255667
NR <input checked="" type="checkbox"/>	
DN <input type="checkbox"/>	



WESTFIELD GROUP

PAYABLE THROUGH:  
FIRSTMERIT BANK, N.A  
SEVILLE, OHIO

56-567  
412

DATE 07-26-02

DATE OF LOSS	OCC.	POLICY SYMBOL AND NUMBER	TAX I.D. OR FEDERAL I.D. NO.
06-06-02	A	SFP 3255667	31-1484230

TO PAY FOR GPD

PAY ONE THOUSAND TWO HUNDRED EIGHTY EIGHT AND 22/100 DOLLARS \$1,288.22

TO THE DER OF

FAIRFIELD COUNTY EMA  
 ATTN: DANIEL BOLGER  
 111 N BROAD STREET PO BOX 626  
 LANCASTER, OH 43130-0626

INSURED LANDIS, DAVID (LANDIS FARMS)  NC   
 CLAIMANT STATE OF OHIO EPA

*David Landis*  
AUTHORIZED SIGNATURE

B33  
POLICE

⑈3833641⑈ ⑆041205673⑆ 21003623006⑈

**EMERGENCY PLANNING COUNCIL  
OF  
FAIRFIELD COUNTY**

**111 North Broad St., P.O. Box 626, Lancaster, OH 43130-0626  
Emergency Operations Center: 342 W. Wheeling Street  
(740) 654-4357 Phone - 653-5690 Fax**

*Steven Sells - Chairperson*

*Jeff Cotner - Vice Chairperson*

*Daniel Bolger, P.E. - Coordinator*

*Michelle Dille - Administrative Coordinator*

**ema-lepc@co.fairfield.oh.us.**

*Emergency 740/653-5223*

*County Commissioners*

*Allan Reid*

*Jon D. Myers*

*Judith K. Shupe*

---

July 29, 2002

TO: Village of Baltimore  
Basil Joint Fire District

RE: Cost Recovery - Landis Farms Incident 6/6/02

We have received payment for services provided in the reference incident. Your check is enclosed:

Village of Baltimore	\$139.52
Basil Joint Fire District	\$700.00

Any questions, please call me.

Very truly yours,



Daniel C. Bolger, P.E.

FAIRFIELD COUNTY  
EMERGENCY RESPONSE COST SUMMARY

---

INCIDENT INFORMATION:

Location of Incident: 1300 W Market ST Baltimore, Ohio 43105  
Jurisdiction: Basil Joint Fire District  
Date: 6/6/2002 Time: 1525

DEPARTMENT/AGENCY INFORMATION:

Name and Address of Department/Agency Completing This Form:

Contact Person: Chief Rob Cooley

TOTAL COST (From Previous Page):

A. Personnel Cost	\$ 580.00
B. Itemized Supplies Cost	\$ 120.00
C. Operational Charges	
D. Replacement Cost	\$

\$ 700.00

\* Attach Receipts when applicable

CERTIFICATION:

I certify that the above expenses are actual, or if shown as estimates, are as accurate as possible. The Community of jurisdiction and its legal counsel are authorized to submit this claim to responsible parties for payment in full.

Rob Cooley  
Chief's Signature

6-20-02  
Date

**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**

*Allan Reid  
Jon D. Myers  
Judith K. Shupe*

**ema-lepc@co.fairfield.oh.us.  
Fax 740/653-5690  
Emergency 740/653-5223**

**Director**

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

---

July 1, 2002

0206-232287

Mr. Jim Landis  
2665 Reynoldsburg-Baltimore Rd.  
Baltimore, OH 43105

Phone: 740-862-4055

RE: Force 3G Spill on State Route 256 on June 6, 2002

Dear Mr. Landis:

Ohio and Federal regulations require a written follow-up to releases or discharges of regulated materials **within thirty days**. Details are spelled out in items 1-14 of 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 the Fairfield County LEPC, 111 N. Broad Street, Box 626, Lancaster, OH 43130-0626. Also send a copy to Ohio EPA DERR-ER, Attention SERC Records Management, Lazarus Government Center, 122 Front Street, P.O. Box 1049, Columbus, OH 43216-1049.

If you have any questions about completion, please call me.

Very truly yours,



Daniel C. Bolger, P.E.

Attachment Release Reporting of a Hazardous Substance from SERC Filing Booklet

Landis Farms Inc  
2330 Reys-Balt Rd  
Baltimore, OH 43105

Fairfield County LEPC  
Att. Daniel Bolger, P.E.  
111 N Broad Street  
Lancaster, OH 43130-0626

The following is the answers to the questions for Written Follow-up Requirements.

1. Who

Landis Farms Inc  
ph 740-862-4325

2330 Reys-Balt Rd  
Baltimore, OH 43105

James R Landis  
President

David W Landis, Jr.  
Person filing report

2. When

- a. Release occurred on June 6<sup>th</sup> at about 2:30 pm.
- b. discovered at same time
- c. called FireDepartment who called EMA, EMA took over at the site.

3. Location

spill starts on westbound lane of State Route 256 about 150 foot west of Basil Rd intersection in Baltimore.

4. Product Release

- a. Force 3g cas number 79538-32-2



b < 15 lbs which was swept up leaving a minute amount which was then vacuumed up  
Leaving none.

## 5. Environmental Impact

- a. released on asphalt paving
- b. 150 ft
- c NA
- d NA
- e NA
- f NA

-

## 6 monitoring and detection

- a-NA
- b NA
- c Sheriffs deptment shut down highway

## 7 Mitigation and containment

- a tide was spread to serve as a sweeping agent, oil dry was spread for an asorbant, area was dry vacuumed, then a commercial vacuum company was called in. Area was reswept and hosed with water with the commerical company catching all material. All material was recovered
- b recovered material was spread on field at estimated rate for products.
- c NA

## 8 Prevention measures:

a road accident, planter operator was forced to the side of the road by oncoming traffic where an insecticide box hit a telephone pole

## 9 health risks

none

- ## 10 permits
- a NA
  - b NA