## FAIRFIELD COUNTY, OHIO HAZMAT INCIDENT INFORMATION COLLECTION FORM

| Report Taken By                       |  | BLOOM TWO FIRE   |
|---------------------------------------|--|--|
| Date/Time of Accident:                |  | 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2  |
| Agency/Department                     | 1-000  | BLOOM TO FIRE  |
| Reported By                           | 711-1111   | FRANK TREIS  |
| - 11.5 %                              |  | 1000   |
| Date Received                         | ***************************************  | 5-30-12  |
| Time Call Received                    |  | - V = 25 / 2   |
| 111                                   |  | THE RESERVE THE PARTY OF THE PA |
|                                       | INCIDE   | ENT INFORMATION  |
| Nature of the Accident                |  | BUERTURNED ZERO TURN MOU   |
| Location of the Accident              | 11111  | ACRUSS From 78 W COLU  |
|                                       | 50511  | LITHOPOLIS,  |
| Name(s) of Chemical Ma                | terials  | 2,1,0,000  |
| #1                                    | Hypraus 01   | CAS Number   |
| #2                                    | motor of   | CAS Number   |
| #3                                    | GASSUNE  | CAS Number   |
| · · · · · · · · · · · · · · · · · · · |  |  |
| Placard Type and Name                 | The second secon |  |
| Characteristics (Smell, C             | olor State, etc.)  | 1000   |
| Container Type (Truck, F              | lail, Facility, Drum.  |  |
| etc.)                                 |  | <b>№</b> 20  |
| Amount of Material Release            | ased   | LESS THAN 3 GARS HA  |
| Amount that may be Rele               |  | 1835 THAN 3 GAZS Yoth  |
|                                       | 1000   |  |
| Shipping Papers Informat              | ion (Shipper,  |  |
| Manufacturer)                         | (  |  |
| Material Entering Air, Gr             | ound, Frains etc.?   | ØYES □NO   |
| Is there a Plume? (Color,             | Height Odor  | □YES 157NO   |
| Direction, etc.)                      | rioights odors   | LITES (ZINO)   |
| iii                                   |  |  |
| Wind Speed (MPH)                      | NA   |  |
| Direction (From/To)                   | - damit of the   |  |
| Temp                                  |  |  |
| Weather                               |  |  |
| T SWITTEL                             |  |  |
| Surroundings (Roads, Ter              | rain Streams Sewers  | Bldgs Bridges  |
|                                       | orm 56-4   | 2) DIO22) DI 10862)  |
|                                       | -1-11 3 NS-11  | VEST-  |
|                                       |  |  |
| Nearby Buildings (Schools             | Homes Nursing  |  |
| Homes, Offices)                       | i monicol denons   | 3  |
| Nearby Population (Wher               | e Numbers)   |  |
| Other Hazmat in Vicinity              | c) Halling(2)  | Li thopours  |
|                                       |  | Lance control  |
| Other Hazinat in Vicinity             | - Committee  |  |
|                                       | Taken Tot  |  |
| Injured /                             | Taken To: G  | 160ANT   |

Possible Health Effects/Medical Info

| NRC 1-800-424-8802 Time Date  Itate Agencies OH EPA 1-800-282-9378 Time Date 1-614-224-0946  MUST be notified for all Chemical Accidents, Releases and Incidents  County/Local Agencies/Organizations/Department.  Iame of Telephone Number Time/Date Remarks  gency/Individual Remarks and Comments.  |      |
|--|------|
| NRC 1-800-424-8802 Time Date  State Agencies OH EPA 1-800-282-9378 Time Date 1-614-224-0946  MUST be notified for all Chemical Accidents, Releases and Incidents  County/Local Agencies/Organizations/Department.  Name of Telephone Number Time/Date Remarks  Agency/Individual Remarks and Comments. |      |
| *MUST be notified for all Chemical Accidents, Releases and Incidents  *County/Local Agencies/Organizations/Department.**  *Vame of Agency/Individual Telephone Number Time/Date Remarks  *Agency/Individual Additional Remarks and Comments.**   |      |
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| Name of Telephone Number Time/Date Remarks Agency/Individual Additional Remarks and Comments.  |      |
| dditional Remarks and Comments.  |      |
|  |      |
| Additional Remarks and Comments.  WE Continued Description And   |      |
|  | -    |
|  |      |
| WE CONTINED DISCHARGE AND  | Ti . |
| CESCHALLE 17702  |      |
|  | SSE  |
| Arson Pillous to Pick of   |      |
| OIL + CHSOLINE IN WATER  |      |
| Pillons WERE PICHAPP @ ZOO   |      |