

BAZETTA TOWNSHIP TRUSTEES REGULAR MEETING MINUTES

Date: April 6, 2015 at 7:00pm
Bazetta Township Administration Building
3372 State Route 5
Cortland, Ohio 44410

Present:
Vice Chairman Trustee Paul Hovis
Trustee Frank Parke
Chairman Trustee Ted Webb
Fiscal Officer Rita K. Drew

103-15 To accept the minutes from the March 16 Regular Meeting.

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

104-15 To authorize the Fiscal Officer to pay all outstanding invoices incurred and approve all warrants issued.

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

105-15 To authorize the Fiscal Officer to do the following transfers.

\$2,296.80 from Fund 01 (General) to Fund 30 (Capital Expenditures OPWC)
\$5,000.00 from Fund 01 (General) to Fund 13 (Zoning)

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

106-15 To authorize the Fiscal Officer to do a Supplemental Appropriation of \$295.00 for Fund 14-A-01A (Fire/EMS Training Center: Supplies).

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

107-15 To approve the attached program from On Demand Drug Testing & Work Solutions for Bazetta Township's BWC Drug Free Safety Training, at a cost of \$255 plus \$85 per counseling session, to be paid proportionally by the General, Road & Bridge, Cemetery, Police, and Fire Funds.

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

108-15 To approve the attached *On Demand Drug Testing Company DOT Post Accident Testing and Controlled Substance Abuse Policy (Drug & Alcohol Policy)*.

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

Correspondence (Copies available upon request):

- Invitation from Trumbull County Engineer to attend the 201 Annual Township Dinner
- Information from Trumbull County Engineer regarding Summer Fill Sodium Chloride Participation
- Copy of permit to haul or move overweight equipment from Trumbull County Engineer to Trumbull County Commissioners
- Notice from Trumbull County Emergency Management Agency for their Advisory Board Meeting
- Resignation letter from Patrolman Justin O'Rourke

Administration:

- Trustee Parke stated the following
 - Bob McBride of Bob's Tree Service said he would cut down the tree at the new fire station property for free, but would not haul them away or remove stumps
 - Mr McBride also expressed concern about used tanks at Amerigas
- Trustee Parke asked Chief Lewis if he could look into this
 - Chief Lewis said the Ohio State Fire Marshall had been here before and said there is nothing that can be done, but that he will look into it and report back at the next meeting
- Trustee Webb thanked Fiscal Officer Drew
 - For attending a meeting with him at the Tribune Chronicle
 - For putting together a great presentation in support of the General Fund Levy

Fire Department:

- See Attached Report

109-15 To approve an expenditure not to exceed \$10,000.00 with D&T PM Truck Repair for repairs to hydraulic generator, pump seals, and pump bearings, to be paid from the Fire Fund.

Motion: Trustee Hovis

Second: Trustee Parke

Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

110-15 To adopt the attached *Resolution Certifying the Fire Department's Costs and Requesting the Trumbull County Prosecuting Attorney to File a Civil Action for the Recovery of those Costs in Accordance with ORC§3745.13(A)* for July 28, 2014.

Motion: Trustee Parke

Second: Trustee Hovis

Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

111-15 To adopt the attached *Resolution Certifying the Fire Department's Costs and Requesting the Trumbull County Prosecuting Attorney to File a Civil Action for the Recovery of those Costs in Accordance with ORC§3745.13(A)* for January 31, 2015.

Motion: Trustee Hovis

Second: Trustee Parke

Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

112-15 To approve an expenditure of \$1,450.62 with American Tire Distributors for ten (10) new tires, to be paid from the Fire Fund.

Motion: Trustee Parke

Second: Trustee Hovis

Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

Police Department:

- Thanked Fiscal Officer Drew for a good budget meeting last week
- See Attached Agenda & Report

113-15 To accept the resignation of Patrolman Justin R. O'Rourke, effective immediately.

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

114-15 To adopt the attached *Resolution Certifying the Police Department's Costs and Requesting the Trumbull County Prosecuting Attorney to File a Civil Acton for the Recovery of those Costs in Accordance with ORC§3745.13(A)* for July 28, 2014.

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

115-15 To adopt the attached *Resolution Certifying the Police Department's Costs and Requesting the Trumbull County Prosecuting Attorney to File a Civil Acton for the Recovery of those Costs in Accordance with ORC§3745.13(A)* for January 31, 2015.

Motion: Trustee Parke
Second: Trustee Hovis
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

- Trustees Hovis and Parke thanked the department for staying on top of things
- Trustee Parke thanked all department heads for the new drug policy and the related savings

Road Department:

- Road Superintendant Parke reported the following
 - Cemetery clean up went very well, but they may need to make new signs next year
 - Spring Clean Up will be at the Road Department on May 2 from 8am to 4pm

116-15 To authorize the Fiscal Officer to transfer \$6,278.56 from 01 (General) to 04 (Road & Bridge).

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

Planning Director, Zoning Inspector & Code Enforcement Officer:

- Nothing to report

Zoning Commission & Zoning Board of Appeals:

- Nothing to report

Parks & Recreation Board:

- See Attached Minutes

117-15 To appoint Meghan Giering as a Member of the Parks & Recreation Board, effective immediately.

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis – Yes Trustee Parke - Yes Trustee Webb - Yes

Safety Committee:

- Road Superintendant Parke reported the following
 - Department heads and employees are working hard to keep Bureau of Worker's Compensation (BWC) costs down
 - Applauded employees and Trustees for bringing costs down to \$32,174 in 2015 from a high of \$133,988.51 in 2004
 - New drug testing facility will save the township roughly \$6,000 over 10 years
- Trustees Parke and Webb commended the committee for their prudence

Health Insurance Committee:

- Nothing to report

Asked to be placed on the Agenda:


- None

Public Comment:

- Trustee Hovis reminded the assemblage of the Public Comment procedures

118-15 To adjourn the meeting at 7:18pm.

Motion: Trustee Hovis
Second: Trustee Parke
Vote: Trustee Hovis - Yes Trustee Parke - Yes Trustee Webb - Yes



 Attested by: Fiscal Officer Rita K. Drew

Dated: 04-07-15



 Approved by: Chairman Trustee Ted Webb

Dated: 4-20-2015

PENDING WARRANT REPORT
Bazetta Township [2015]

Date: 04/06/15

Warrant Number	Warrant Amount	Voucher Number	Payee	Purpose
1	460.30	VW 1	THE HUNTINGTON NATIONAL BANK	PAYMENT
4	155.50	VW 4	THE HUNTINGTON NATIONAL BANK	PAYMENT
24690	125.05	VM24690	Automotive Distributors Warehouse	PAYMENT
24691	597.40	VM24691	American Tire Distributors	PAYMENT
24692	79.90	VM24692	Agnew Lawn & Garden	PAYMENT
24693	800.00	VM24693	Attorney Mark S. Finamore	PAYMENT
24694	19.20	VM24694	AT&T Mobility	PAYMENT
24695	609.00	VM24695	BE SOLUTIONS	PAYMENT
24696	1923.77	VM24696	Business Card	PAYMENT
24697	4115.59	VM24697	BE SOLUTIONS	PAYMENT
24698	250.00	VM24698	Blackwater Water Rescue	PAYMENT
24699	34.86	VM24699	Carine & Company	PAYMENT
24700	108720.00	VM24700	CDW-G	PAYMENT
24701	111.03	VM24701	City of Warren, Utility Services	PAYMENT
24702	5300.00	VM24702	Agnew's Lawn & Garden	PAYMENT
24703	464.08	VM24703	Cerni Motor Sales, Inc	PAYMENT
24704	1107.00	VM24704	Clean Air Concepts	PAYMENT
24705	1198.59	VM24705	DELTA DENTAL	PAYMENT
24706	25.00	VM24706	Dianne Runnestrand	PAYMENT
24707	641.69	VM24707	D&T P. M. & Truck Repair	PAYMENT
24708	29.45	VM24708	Finger Lake System Chemistry	PAYMENT
24709	439.99	VM24709	Graybar Financial Services, LLC	PAYMENT
24710	25.00	VM24710	Howard Wetzel	PAYMENT
24711	276.00	VM24711	Accord Occupational Health Services	PAYMENT
24712	400.00	VM24712	BUD'S TOWING & RECOVERY, LLC	PAYMENT
24713	212.70	VM24713	Carter Lumber	PAYMENT
24714	25.00	VM24714	Jack Hineman	PAYMENT
24715	150.00	VM24715	King's Sanitary Services	PAYMENT
24716	53.40	VM24716	Mark Thomas Ford	PAYMENT
24717	152.65	VM24717	MICHAEL MANNELLA	PAYMENT
24718	44.55	VM24718	MICHAEL MANNELLA	PAYMENT
24719	500.00	VM24719	NORTSTAR TOWING, INC.	PAYMENT
24720	600.00	VM24720	OTAS Systems	PAYMENT
24721	18116.00	VM24721	Ohio Insurance	PAYMENT
24722	1837.22	VM24722	Ohio Edison	PAYMENT
24723	1193.42	VM24723	Ohio Edison	PAYMENT
24724	3010.00	VM24724	Physio-Control, Inc.	PAYMENT
24725	125.00	VM24725	Penn Care Medical Products	PAYMENT
24726	25.00	VM24726	Rita Benoit	PAYMENT
24727	62.15	VM24727	ROBERT A. WASSER	PAYMENT
24728	117.24	VM24728	Congressman Tim Ryan	PAYMENT
24729	131.15	VM24729	Sunburst Environmental Service, Inc.	PAYMENT
24730	8.97	VM24730	Sweeper Man Sales & Service	PAYMENT
24731	313.20	VM24731	Standard Insurance Company RE	PAYMENT
24732	300.00	VM24732	SCHULTZ TOWING, INC.	PAYMENT
24733	27.00	VM24733	Trumbull County Legal News	PAYMENT
24734	2032.69	VM24734	Trumbull County Engineer	PAYMENT

PENDING WARRANT REPORT
 Bazetta Township [2015]

Date: 04/06/15

Warrant Number	Warrant Amount	Voucher Number	Payee	Purpose
24735	167.61	VW24735	Trumbull County Water & Sewer Acct. Dept	PAYMENT
24736	250.00	VW24736	Trumbull Security Systems	PAYMENT
24737	530.66	VW24737	Time Warner Cable	PAYMENT
24738	3208.88	VW24738	Trumbull County 911	PAYMENT
24739	496.16	VW24739	Vision Service Plan	PAYMENT
24740	310.55	VW24740	Warren Fire Equipment, Inc.	PAYMENT
24741	123.09	VW24741	Almsley Oil Company	PAYMENT
24742	301.49	VW24742	Dominion East Ohio Gas	PAYMENT
24743	15210.48	VW24743	Fallsway Equipment Company	PAYMENT
24744	35.00	VW24744	Howland Alarm Company	PAYMENT
24745	343.92	VW24745	Handyman Supply Inc.	PAYMENT
24746	123.85	VW24746	Cortland Auto Parts	PAYMENT
24747	17.16	VW24747	Verizon Wireless	PAYMENT
=====				
	178064.79		Total Amount of Pending Warrants	

BAZETTA TOWNSHIP POLICE DEPARTMENT

2671 McCleary Jacoby Rd. Cortland, Ohio 44410, 330-638-5503, Fax 330-638-9927



Chief of Police Michael J. Hovis
Sgt. Christopher G. Herlinger

March 24, 2015

Board of Trustees,

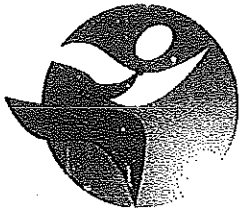
The three department heads would like to request that our current CAPE program be changed from Community Solutions to On Demand Drug Testing & Work Solutions for our 2015 calendar year. On Demand offers BWC Drug Free Safety Trainings at a cost of \$225.00 and then fee for service counseling for \$85.00 per session? If we would have been using On Demand for the last ten (10) years we would have saved \$6165.00. We only have used this service seven (7) times over the last ten (10) years. We essentially paid for seventy-three (73) sessions that were never used by paying Community Solutions due to the way they currently bill the township.

By using On Demand, the current CDL drivers would meet current Federal Motor Carrier Safety Regulations that must be met by the drivers.

We believe that this is a potential way to save monies on our BWC program of Drug Free Safety.

We would ask that a resolution be passed at the next trustees meeting on April 6, 2014 so that On Demand can provide this service to the township and potentially save us money.

The Bazetta Department Heads/ BWC Coordinators



ON DEMAND DRUG TESTING & WORK SOLUTIONS

102 WESTCHESTER DRIVE
AUSTINTOWN, OHIO 44515
Phone: 330-270-3660 Fax: 330-953-3691

ACCOUNT SET-UP INFORMATION

Company Name: <u>Bazetta TWP</u>		# of employees:
DER to Receive Results: <u>Rita K. Drew</u>	Billing Contact: <u>Rita K. Drew</u>	
Physical Address: <u>3372 STATE ROUTE 5</u>	Billing Address: <u>3372 STATE ROUTE 5</u>	
City/State/Zip: <u>Cortland, OH 44410</u>	City/State/Zip: <u>Cortland, OH 44410</u>	
Telephone#: <u>330-637-8816</u>	Telephone#: <u>330-</u>	
Fax #: <u>330-637-4588</u>	Fax #: <u>330-637-4588</u>	
Email: <u>rdrew@bazettatwp.org</u>	Email: <u>rdrew@bazettatwp.org</u>	

Additional Contacts: FD. DENNIS LEWIS PD. MIKE HOVIS Road Dept. Kris Parke

Do you currently have a Drug Free Workplace Policy? Yes No BWC Member? Yes No

Under what circumstances does your company perform a drug screen: Urine Hair Breath Alcohol

Pre-Employment Random Post Accident Reasonable Suspicion

Follow Up Collection Only

If conducting random testing, would you prefer: Monthly Quarterly At 25 % per Year

Which drug panel is to be performed? DOT 5 5 10 10 + Oxy 11 Panel Expanded Oplate
 Instant Test

Do you have DOT regulated employees? Yes No If "Yes" - How many? 4

Do you wish to be included in our DOT consortium? Yes No

Do you have employees that work at out of town sites? Yes No ~~Yes~~

Would you prefer: On-Site Collections Collections performed at On Demand Drug Testing

Do you need any of the following additional services:

<input checked="" type="checkbox"/> Drug and Alcohol Assessments (DOT/Non-DOT)	<input checked="" type="checkbox"/> EAP Services ^{Fee For Service}	<input type="checkbox"/> Wellness
<input type="checkbox"/> DOT Physicals	<input checked="" type="checkbox"/> Employment Physicals	<input type="checkbox"/> CPR/First Aid/BBP
<input type="checkbox"/> Essential Function Testing	<input type="checkbox"/> BCI/FBI Fingerprinting	<input type="checkbox"/> Background Checks
<input checked="" type="checkbox"/> Occupational Testing (Hearing, Pulmonary Function, etc..)	<input type="checkbox"/> Workers' Comp Services/Nurse Triage	

Signature of Company Official

Rita K. Drew

Printed Name

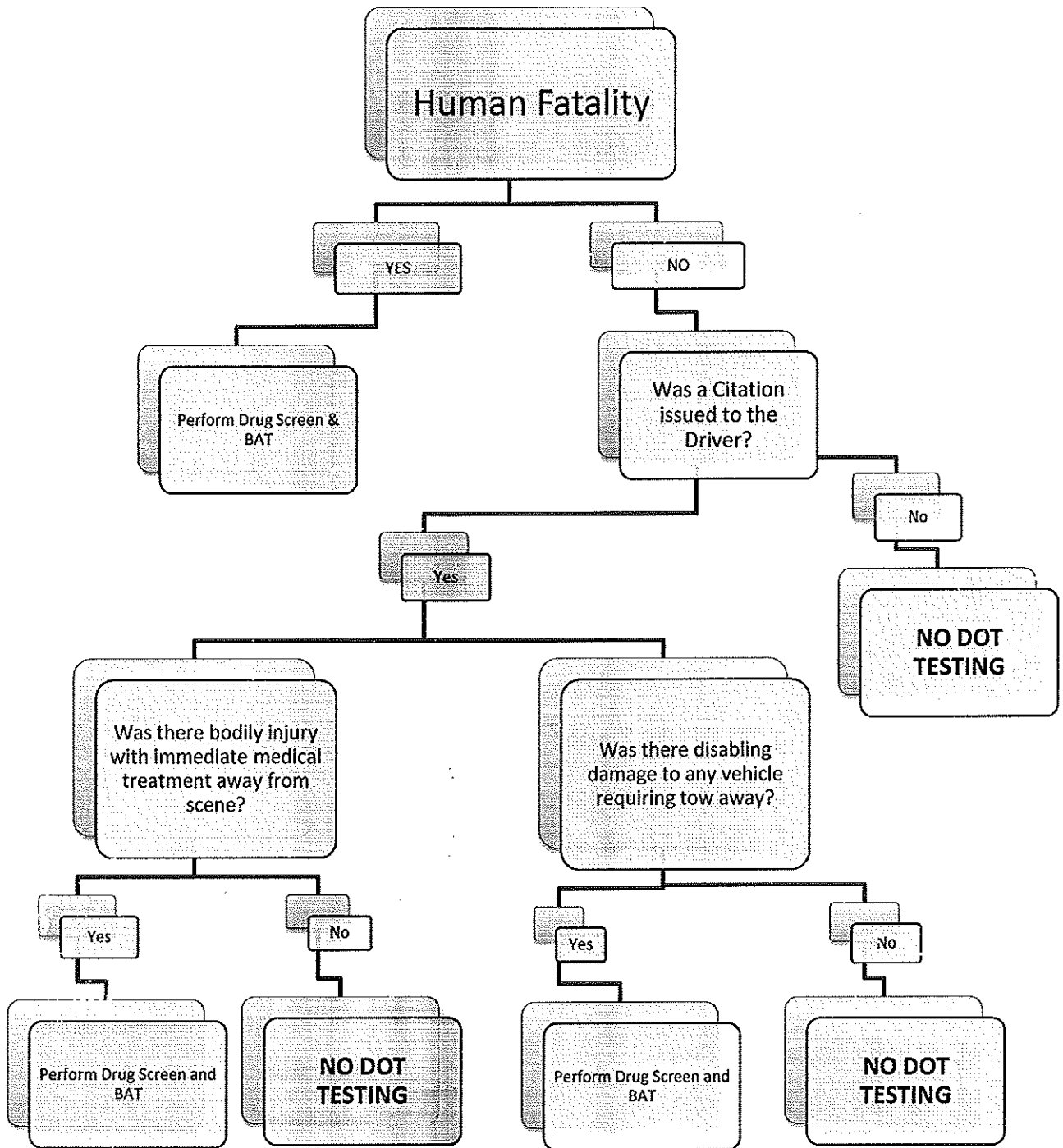
04-06-15

Date

Fiscal Officer

Position/Title

DOT POST ACCIDENT TESTING



**ON DEMAND DRUG TESTING
& WORK SOLUTIONS**



ON DEMAND DRUG TESTING

YOUR DRUG-FREE WORKPLACE PARTNER

102 WESTCHESTER DRIVE
AUSTINTOWN, OHIO 44515
Phone: 330-270-3660 Fax: 330-953-3691

Company: Bazetta Township C.D.L. Holders

Effective: 4/6/2015

CONTROLLED SUBSTANCE ABUSE POLICY (Drug & Alcohol Policy)

I. Statement of Policy

, hereafter referred to as "Company", is responsible to comply with Department of Transportation Regulations designed to establish programs to help prevent accidents and injuries by drivers of commercial motor vehicles (hereafter referred to as "Drivers". To accomplish that end, the Company will not tolerate any of the following behavior by its Drivers:

1. Use of illicit drugs.
2. Abuse of legal drugs (prescription and over the counter).
3. Abuse of alcohol.
4. Sale, purchase, transfer, use or possession of illegal drugs, or prescription drugs obtained illegally.
5. Arrival for work under the influence of legal drugs, to the extent that job performance may be affected, or alcohol.

In the event of drug or alcohol abuse, the Company will use constructive disciplinary measures to motivate the Driver to seek assistance, and will direct said Drivers to appropriate resources that are available.

As with any policy that is dictated or directly influenced by governmental regulation, this policy is subject to change. These changes will be immediately incorporated into this policy. Management will make these changes and inform all affected personnel through verbal or written communications.

Procedures described herein are in accordance with Part 40 and Part 382 of the Federal Motor Carrier Safety Regulations.

The testing of Drivers urine for drugs and the testing of a Drivers saliva/breath for alcohol is an effective method to identify those in need of counseling, treatment or disciplinary action; however the urine testing program and the saliva/breath testing program is intended to supplement, not replace, other means by which the use of drugs and/or alcohol can be detected.

II. Controlled Substance Testing (Drugs)

A. Frequencies and Patterns Under Which a Driver May Be Tested:

1. Pre-employment Testing: Each Driver the Company intends to hire or use must be tested for the use of controlled substances as a pre-qualification condition. No offer of employment will be made to any driver until the results of this testing are available to the Company designated official.
2. Random Testing: Random testing will be conducted on an unannounced basis. Fifty (50) percent, (or at the percentage required by Federal regulation at the time of the testing), of the average number of driving positions will be tested annually in a random manner. Thirteen (13) percent will be tested on a quarterly basis in a random manner. This will be accomplished by using a computer generated random number selector at the beginning of each period. As new drivers are added, they will use their social security number or employee identification number for the next period. All drivers will have an equal statistical likelihood of being selected for testing during any testing period.
3. Post-Accident Testing: The driver shall provide a urine sample to be tested for the use of controlled substances as soon as possible, but not later than thirty-two (32) hours after an accident, IF a person involved in the accident has to be treated immediately away from the scene AND our driver is cited; OR if a vehicle has to be towed because of disabling damage AND our driver is cited; OR if there are any fatalities. A driver who is seriously injured and cannot provide a specimen at the time of the accident shall provide the necessary authorization to the Company for obtaining hospital reports and other documents that would indicate whether there was any controlled substances in the driver's system. The company shall provide drivers with necessary information and procedures so that the driver will be able to meet these requirements.
4. Reasonable Cause Testing: The Company shall require a Driver to be drug tested upon reasonable cause for the use of controlled substances. The behavior pattern that suggests possible controlled substance use must be observed by at least one member of Company management/supervision who has received documented training in the socio-behavioral and physical changes associated with controlled substance abuse. These suspicions will be documented in writing within twenty-four (24) hours of the event or prior to the release of the test findings, whichever is earlier.
5. Return to Duty Testing: The Company shall ensure that before a Driver returns to duty requiring the performance of a safety sensitive function, and after having a verified positive test result for controlled

substances, the Driver shall undergo a return to duty test for controlled substances with a result indicating a verified negative result for controlled substances.

6. Follow-Up Testing: Following a determination by a substance abuse professional, that a driver is in need of assistance in resolving problems for the use of a controlled substance, the Company will ensure that the Driver is subject to unannounced follow up testing for controlled substance abuse as directed by the substance abuse professional. The follow up testing shall be conducted when the driver is performing, just prior to performing or just after performing a safety sensitive function.

E. Identification of Substances to be Tested in the Urine:

Urine drug testing will be conducted in conjunction with each of the categories listed in Section A to determine and/or identify the presence of any controlled substance (or category of controlled substance) listed below:

1. Marijuana
2. Cocaine
3. Opiate
4. Phencyclidine (PCP)
5. Amphetamine

C. Detection Thresholds for Abused Substances:

1. Detection thresholds consistent with the available technology have been established for each of the drugs/drug groups listed in Section B. These detection thresholds will be used uniformly in the interpretation of all drug tests. In all cases, the testing will utilize a two-tiered technique. Initially, all specimens will be subjected to a screening analysis using FDA approved drug screening reagents. If a specimen produces a positive result at or above the detected threshold, that specimen will then be subjected to a second level confirmation procedure utilizing gas chromatography/mass spectroscopy technology. Only if both the screen and the GC/MS are positive at or above their respective detection thresholds will the urine be considered positive for that drug(s). If the GC/MS fails to confirm the findings of the original screening procedure, the substance will be reported as non-detectable (i.e., negative in the urine).

2. The detection thresholds shown here-next will be used to differentiate between positive and negative findings. These thresholds will be applied uniformly and without bias to all urine being tested. It is the responsibility of the lab to verify at the levels specified. Results will indicate only the presence or absence of the substance in question and will give no indication of semi-quantitative levels.

Substance Screen Threshold Confirmation Threshold

1. Marijuana 50 ng/ml 15ng/ml
2. Cocaine 150 ng/ml 100ng/ml
3. Opiate 2000 ng/ml 2000ng/ml
4. Phencyclidine (PCP) 25 ng/ml 25ng/ml
5. Amphetamine 500 ng/ml 250 ng/ml
6. Heroin 6-Acetyl-Morphine 10 ng/ml 10 ng/ml
7. MDMA (Ecstasy) 500 ng/ml 250 ng/ml

D. Testing Exclusion:

The Company specifically limits its testing to the drugs listed in Section B when determining the following:

1. Temperature of the specimen at the time of collection.
2. Specific Gravity of the specimen.
3. Ph of the specimen.
4. Urine Creatinine of the specimen.

These additional tests will be conducted to ensure that the specimen provided by the Driver meets the technical quality requirements for the testing and that no attempt has been made on the part of the driver to adulterate or substitute any specimen. The Company specifically prohibits the urine to be used for any other reason than to determine the presence of controlled substances listed in Section B. Specifically prohibited is testing for alcohol, pregnancy, diabetes, any genetic disease and/or trait, and any other disease or medical condition that could be detected in the urine specimens using established clinical technology.

E. Specimen Collection Protocol

To ensure consistency and uniformity of specimen collection, the following procedures shall be followed when any specimen is collected for the purpose of substance abuse testing:

1. Pre-Employment Testing:

- (1). At the time of the first interview, all applicants will be notified by the interviewer that a pre-employment drug test is required prior to a final offer of employment.
- (2). The interviewer will provide the prospective employee with a copy of the informed consent document at that time.
- (3). The interviewer will explain the form to the applicant and afford the applicant an opportunity to ask any questions. As part of the interview process, the interviewer will document any questions asked and the response given.
- (4). The applicant will be afforded the opportunity to review a complete set of company policies relating to substance abuse. The interviewer will afford the applicant the opportunity to ask any questions that may arise. If the interviewer cannot answer a specific question that has been asked, the applicant will be referred to the designated company official for clarification. Both the interviewer and the designated company official

will document in writing any question and the responses that were given.

(5). The applicant will be asked to complete the consent document, sign and date it. Following the signing by the applicant, the interviewer must also sign and date the document. A failure or refusal on the part of the applicant to sign the consent form will result in the immediate cessation of the employment process. After the applicant signs the consent document, the document will be placed in the applicants file. A failure or refusal to sign must be documented in writing on the interview form by the interviewer.

(6). The applicant will be instructed to go directly to the designated urine collection site by the interviewer. The applicant will then provide to the collection site all necessary paperwork for the completion of the test.

2. Random Testing:

(1). With the implementation of this policy, the Company will select fifty (50) percent of the qualified Drivers at random for drug testing each year. The random testing will be conducted on a quarterly basis. All Drivers qualified under the testing requirements will be subject to testing each time random selection of Drivers is made. The Company has contracted a firm to perform the periodic selections of drivers for inclusion in random testing pools. The Company will provide employee names and social security numbers or employee identification numbers to be used in random selection drawings. The selecting firm will, in turn furnish the designated company official with a list of individuals to be tested at the beginning of each selection period. It is the responsibility of the designated company official to notify each Driver who has been selected with the time random testing specimens are to be collected. When notified, it is the responsibility of the Driver to provide a urine specimen for drug testing. A failure to comply with the request for random specimens will result in the Driver being deemed medically unqualified.

(2). At the time of notification, the Driver will be instructed to go directly to the designated urine collection site by the designated company official. The employee will notify the collection site that they have been selected and are ready to provide a urine specimen for random drug testing.

3. Post-Accident Testing:

(1). Certain Drivers are required to undergo drug testing following their involvement in an accident.

(2). With the implementation of this policy, the Company shall require the Driver to provide a urine sample to be tested for the use of controlled substances as soon as possible, but no later than thirty-two (32) hours after an accident, if the driver of the commercial motor vehicle is cited for a moving traffic violation arising from the accident, or if the accident involved the loss of human life.

(3). If a urine sample is necessary, the Driver will be instructed to report to the designated urine collection site.

(4). In the event that the Driver is injured, the Company retains the right to contact any treating medical facility and request that a controlled substance test be obtained; or be obtained from the Drivers medical records, the result of any such test obtained during the course of treatment. The refusal of any Driver to allow the collection of these specimens or to attempt to block the release of these specimens will result in the medical unqualification of the Driver.

(5). Any driver who fails to report an accident to the designated company official, and/or who fails to comply with the post-accident testing requirements of this policy will be presumed to be positive for the presence of one or more of the controlled substance as listed in Part B. This will result in the Driver being deemed medically unqualified.

4. Reasonable Cause Testing:

(1). All Drivers who are subject to testing may be required to undergo reasonable cause testing to ensure their continued fitness for duty. These Drivers will be required to submit to drug testing at the request of certain designated company officials as a part of the overall program.

(2). With the implementation of this policy, designated management personnel may request that certain Drivers undergo drug testing. Any Drivers of the Company who exhibits behavior and/or actions that can be clearly identified by designated personnel as arising from the possible abuse of controlled substances must be tested. These designated Company individuals, who have received documentable training in the recognition of substance abuse behaviors and controlled substance identifications, may, upon direct observation of a typical behavior may consult with a second person who has had like training. In all cases, the individual requesting the specimen must prepare written documentation describing the witnessed behavior and/or actions. This documentation must be prepared within twenty-four (24) hours of the time of specimen collection and in all cases prior to the release to Company officials of any test results. This documentation must be provided to the Company's designated Medical Review Officer for consideration when reviewing the test findings.

(3). The first priority of the designated Company official is to remove the suspected individual from the work environment. This is done to prevent the individual from causing harm to himself/herself, other persons in the work place and/or any other persons. The designated Company official will instruct the Driver to accompany him/her to a private area that is removed from the individuals co-workers. Once this has been done, the designated Company official will make a specific request to the Driver for a urine specimen on the grounds that there is reasonable suspicion that a substance abuse problem may exist.

(4). When notified by the designated Company official, it is the responsibility of the Driver to provide a urine specimen for drug testing. A failure to comply with the request for a specimen will result in immediate medical unqualification of the Driver.

(5). At the time of notification, the Driver will be escorted to the designated collection site by a designated Company official.

(6). The designated Company official, who has escorted the Driver to the collection site, will return the Driver to the workplace and instruct him/her that he/she will be notified of the results of the testing when they have been received by the Company. Until the results of the testing have been received, the Driver is temporarily suspended and is not to return to the workplace until notified by the Company of the outcome of the test. It is further the responsibility of the designated Company official to ensure that the Driver is

capable of safely leaving the work place unattended. If there is any question, instruct the Driver that transportation will be provided to the Driver, at Companies expense, to any reasonable destination.

5. Return to Duty Test:

(1). Following a verified positive drug test and at the direction of a Substance Abuse Professional, a Driver shall report to a designated urine collection site to be tested for the drugs listed in Part B of this policy. This return to duty test will be coordinated by the Substance Abuse Professional and the Company as to the date and time of such test.

6. Follow-Up-Testing:

(1). At the direction of a Substance Abuse Professional, a Driver identified as needing assistance with controlled substance use shall be subject to unannounced follow-up testing. A minimum of six (6) tests must be performed in the first twelve (12) months following a negative return to duty test. The maximum number of tests will be determined by the Substance Abuse Professional but cannot exceed sixty (60) months.

F. Collection Site Procedures:

1. The collection site personnel will ask the Driver to provide a drivers license for identification purposes and ask the Driver to remove any outer garments such as jackets, sweaters, coats etc.
2. Collection site personnel will have Driver complete necessary paperwork with regards to each drug test that is to be performed.
3. The Driver will be permitted to select a specimen collection kit from those available. Collection site personnel will not select the collection kit for the Driver.
4. The Driver will be instructed to open the shrink-wrapped collection kit and remove the contents contained therein. The Driver will complete the label attached to the form in accordance with instructions given and attached to the chain of custody form.
5. The Driver will be escorted to the collection site by collection site personnel.
6. The Driver will be instructed to void directly into the chosen specimen bottle. Female Drivers will be provided with appropriate adapters to ensure ease of collection. The Driver will not be accompanied into the actual collection area. No witnessing of the actual voiding of the specimen is permitted unless the test is a return to duty or follow up test. Collection site personnel will instruct the Driver to provide the urine specimen of at least forty-five (45) ml., and upon collection, to immediately give the specimen to collection site personnel, the collection site personnel will not leave the collection site area until the Driver emerges.
7. The Driver will accompany the specimen back to the collection area. Upon arrival, the collection site personnel will instruct the Driver to remain while final processing is completed.
8. Within four (4) minutes the collection site personnel will determine the temperature of the specimen to the nearest .01 degree Fahrenheit and record this information on the collection form. The temperature should be between 90 and 100 degrees Fahrenheit. If the specimen does not meet the above standards, the Driver will be notified. Any temperature outside the 90 to 100 degree range constitutes a reason to believe that the Driver has altered or substituted the specimen. The Driver may volunteer to have his/her oral temperature taken to provide evidence to counter the reason to believe the Driver may have altered or substituted the specimen. When a specimen is suspected of being altered or substituted, a second specimen shall be obtained through direct observation.
9. When an acceptable specimen has been obtained, the collection site person will open the second bottle from the collection kit selected and pour off fifteen (15) ml. into it from the first bottle. This is now the "split" specimen. The collector will then cap and seal the specimens. The Driver must witness the sealing of the specimens.
10. The Driver will be asked to review all information on the form and bottles for accuracy. If no errors are present, the label from the request form will be placed on the specimen bottles.
11. Both the collection site person and the Driver will then sign, date and indicate the time on the appropriate forms.
12. Collection site personnel will place the completed request form and the corresponding specimens into a designated shipping container and secure the specimens.
13. The Driver will then be instructed that all necessary procedures have been completed, and that he/she may leave.

G. Review of Test Results

1. To ensure that every Driver that is subject to testing is treated in a fair and impartial manner, the Company has retained the services of a Medical Review Officer (MRO). This MRO is an M.D. or D.O. licensed to practice medicine. It is the MRO's responsibility to review the results of each drug test performed by the laboratory prior to the results being made available to the designated company official.
2. In the event that any Driver tests positive for any of the drugs at or above the specified thresholds, the Driver will be afforded the opportunity to explain the findings to the MRO prior to the issuance of a positive report to the designated Company official. Upon receipt of a positive finding, the MRO will contact or attempt to contact the Driver by telephone or in person. The MRO will inform the Driver of the positive finding and afford the Driver an opportunity to rebut or offer an explanation of the findings. The MRO can request information on recent medical history and on medications taken within the last thirty (30) days. In the event the MRO finds support in the explanation offered, the Driver may be asked to provide documentary evidence to support the Drivers claim. A failure of the Driver to provide this evidence will result in the issuance of a positive report to the Company with no apparent medical explanation. At this time the MRO will inform the Driver that he/she may request the split specimen be analyzed on a verified positive. The Driver has seventy-two (72) hours to inform the MRO of the decision for the split to be tested. The MRO

will then provide a written request to the laboratory. The split specimen is then sent to a second Federally certified lab where the split analysis is conducted using GC/MS only; no DHHS cutoffs. The split result is reported to the MRO and will either reconfirm a positive or fail to reconfirm. Remaining portions of the split and primary are to be stored for at least one (1) year. Any failure to reconfirm is reported to the Company, the Driver and the Department of Transportation. Failure to reconfirm, inability to locate split, or lack of split collection requires cancellation of the test result.

3. In cases where appropriate documentary evidence is provided to the MRO, a negative report will be issued to the designated Company official.

4. If the Driver fails to contact the MRO within five (5) days of having been instructed to do so, the MRO will issue a positive report to the designated Company official.

H. Result Reporting

1. All results of testing will be reported to the MRO prior to their issuance to designated Company officials. The MRO will receive from the testing laboratory, a detailed report of the findings of the specimen. Each drug tested for will be listed along with the results of the testing. The Company will not receive a copy of this report from the MRO. The Company will receive a summary report only; that will indicate that the Driver has passed or failed the drug test. The Company will be notified of the specific drug(s) for which the Driver tested positive.

2. To protect the confidentiality of the Driver, all results of testing will be stored separate from the Drivers personnel or qualification file. These records shall be maintained under lock and key at all times. Access is limited to those designated company officials with a need to know. The information in these files will be utilized only to properly administer these policies and to provide for review by certifying agencies as required under Federal law.

3. Any Driver tested under these policies has the right to view and/or receive a copy of the test results. Within a period not to exceed six (6) months from the date of testing, any Driver may request the Company official in writing, that a copy of the test results be provided to them. The Company will promptly comply with this request and will issue to the Driver a copy of these results by certified mail.

I. Quality Assurance

1. The Company recognizes a responsibility to its Drivers to ensure that drug testing is performed at the highest possible standards. The Company has established a policy that blind samples will be submitted to its testing laboratory. The blind samples will be submitted by its consortium or third party administrator at a rate of three (3) per cent. The testing laboratory will receive these specimens in a manner that will not allow them to distinguish the blind samples from actual urine tests. Any failure on the part of the testing laboratory to properly perform blind specimen testing will result in an immediate review by Company management of the testing facility.

J. Positive Drug Test Results

1. Drivers who are found to have a confirmed positive drug test will be immediately suspended. In the absence of compelling reasons for a contrary result, such Driver will not be permitted to perform a safety sensitive function.

III. Alcohol Testing

A. Frequencies and Patterns Under Which a Driver May Be Tested:

1. Random Testing: Random alcohol testing will be conducted on an unannounced basis. Ten (10) percent (or at the percentage required by Federal regulation at the time of testing) of the average number of driver positions will be tested annually in a random manner. Approximately 3.3 percent will be tested on a quarterly basis in a random manner. This will be accomplished using a computer generated random number selector at the beginning of each period. As new Drivers are added to the work force, they will use their social security number or employee identification number for the next testing period. All Drivers will have an equal statistical likelihood of being selected for testing during any testing period.

2. Post-Accident Testing: The driver shall be subject to a breath test within two hours, but not later than eight hours, after an accident IF, a person involved in the accident has to be treated immediately away from the scene AND our driver is cited; OR if a vehicle has to be towed because of disabling damage AND our driver is cited; OR if there are any fatalities. A driver who is seriously injured and cannot provide an alcohol test at the time of the accident shall provide the necessary documentation to the Company for obtaining hospital reports and other documents that would indicate whether there was any alcohol in the driver's system. The company shall provide driver's with the necessary information and procedures so that the driver will be able to meet these requirements.

3. Reasonable Cause Testing: The Company shall require a Driver to be alcohol tested upon reasonable cause for the use of alcohol. The behavior pattern that suggests possible alcohol use must be observed by at least one member of Company management/supervision who has received documented training in the socio-behavioral and physical changes associated with alcohol abuse. These suspicions will be documented in writing immediately.

4. Return to Duty Testing: The Company shall ensure that before a Driver returns to duty requiring the performance of a safety sensitive function, and after having a confirmed alcohol test of .04 or greater, the Driver shall undergo a return to duty test for alcohol with a reading of .02 or less.

5. Follow-Up Testing: Following a determination by a substance abuse professional, that a driver is in need of assistance in resolving problems for the use of alcohol, the Company will ensure that the Driver is subject to unannounced follow up testing for alcohol abuse as directed by the Substance Abuse

Professional. The follow up testing shall be conducted when the driver is performing, just prior to to performing or just after performing a safety sensitive function.

B. Detection Threshold for Alcohol

1. Alcohol testing will be done on a two (2) tiered technique.

a). Screening Test: using a DOT approved Saliva Screening Device or a DOT approved Evidential Breath Testing device.

b). Confirmation Test: using a DOT approved Evidential Breath Testing Device.

2. If the screening test shows an alcohol concentration of less than 0.02, the test is a negative test for the presence of alcohol. No further testing is authorized.

3. If the screening test shows an alcohol concentration of 0.02 or greater a confirmation test using an Evidential Breath Testing device must be utilized.

C. Alcohol Testing Collection Protocol

1. Random Testing:

(1). With the implementation of this policy, the Company will select Ten (10) percent of the qualified Drivers at random for alcohol testing each year. The random testing will be conducted on a quarterly basis. All Drivers qualified under the testing requirements will be subject to testing each time random selection of Drivers is made. The Company has contracted a firm to perform the periodic selections of Drivers for inclusion in random testing pools. The Company will provide Driver names and social security numbers or employee identification numbers to be used in random selection drawings. The selecting firm will, in turn furnish the designated company official with a list of individuals to be tested at the beginning of each selection period. It is the responsibility of the designated company official to notify each Driver who has been selected with the time random testing is to be completed. When notified it is the responsibility of the Driver to provide a breath/saliva for alcohol testing.

(2). At the time of notification, the Driver will be instructed to go directly to the designated collection site by the designated company official. The Driver will notify the collection site that they have been selected and are ready to provide a breath/saliva for random alcohol testing.

2. Post Accident Testing:

(1). Certain Drivers are required to undergo alcohol testing following their involvement in an accident.

(2). With the implementation of this policy, the Company shall require the Driver to provide a breath sample to be tested for the use of alcohol within two (2) hours, but no later than eight (8) hours after an accident, if the Driver of the commercial motor vehicle is cited for a moving traffic violation arising from the accident, or if the accident involved the loss of human life.

(3). If a breath sample is necessary, the Driver will be instructed to report to the designated collection site.

(4). In the event that the Driver is injured, the Company retains the right to contact any treating medical facility and request that an alcohol test be obtained; or be obtained from the Drivers medical records, the result of any such test obtained during the course of treatment. The refusal of any Driver to allow the collection of these tests or to attempt to block the release of these tests will result in the medical unqualification of the Driver.

(5). Any driver who fails to report an accident to the designated company official, and/or who fails to comply with the post-accident testing requirements of this policy will be presumed to be positive for the presence of alcohol. This will result in the Driver being deemed medically unqualified.

3. Reasonable Cause Testing:

(1). All Drivers who are subject to testing may be required to undergo reasonable cause testing to ensure their continued fitness for duty. These Drivers will be required to submit to alcohol testing at the request of certain designated company officials as a part of the overall program.

(2). With the implementation of this policy, designated management personnel may request that certain Drivers undergo alcohol testing. Any Drivers of the Company who exhibits behavior or actions that can be clearly identified by designated personnel as arising from the possible abuse of alcohol must be tested.

These designated Company individuals, who have received documentable training in the recognition of alcohol abuse behaviors and identifications, may, upon direct observation of a typical behavior may consult with a second person who has had like training. In all cases, the individual requesting the test must prepare written documentation describing the witnessed behavior and/or actions. This documentation must be prepared immediately.

(3). The first priority of the designated Company official is to remove the suspected individual from the work environment. This is done to prevent the individual from causing harm to himself/herself, other persons in the work place and/or any other persons. The designated Company official will instruct the Driver to accompany him/her to a private area that is removed from the individuals co-workers. Once this has been done, the designated Company official will make a specific request to the Driver for a breath/saliva test on the grounds that there is reasonable suspicion that an alcohol abuse problem may exist.

(4). When notified by the designated Company official, it is the responsibility of the Driver to provide a breath saliva for testing. A failure to comply with the request for a breath/saliva will result in immediate medical unqualification of the Driver.

(5). At the time of notification, the Driver will be escorted to the designated collection site by a designated Company official.

(6). The designated Company official, who has escorted the Driver to the collection site, will return the Driver to the workplace. It is the responsibility of the company designated official to ensure that a Driver is capable of safely leaving the work place unattended. If there is any question, instruct the Driver that transportation will be provided to the Driver at companies expense, to any reasonable destination.

4. Return to Duty Test:

(1). Following an alcohol test of 0.04 or greater and at the direction of a Substance Abuse Professional, a Driver shall report to a designated collection site to be tested for alcohol. This return to duty test will be

coordinated by the Substance Abuse Professional and the Company as to the date and time of such test.

5. Follow-Up-Testing:

(1). At the direction of a Substance Abuse Professional, a Driver identified as needing assistance with alcohol abuse shall be subject to unannounced follow-up testing. A minimum of six (6) tests must be performed in the first twelve (12) months following a negative return to duty test. The maximum number of tests will be determined by the Substance Abuse Professional but cannot exceed sixty (60) months.

D. Collection Site Procedures

1. Screening Test:

(1). Saliva Test:

- (a). The Saliva Testing Technician will ask the Driver to provide a drivers license for identification purposes.
- (b). The STT will explain the testing procedures to the Driver.
- (c). The STT will complete Step 1 on the Breath Alcohol Testing Form.
- (d). The Driver will than complete Step 2 on the Breath Alcohol Testing Form.
- (e). An individually sealed testing kit will be opened in the presence of the Driver.
- (f). The STT will conduct the test and show the results of the test to the Driver.
- (g). If the result of the test is less than 0.02 the STT shall date the form and sign the certification in Step 3. The Driver will sign the certification in Step 4.
- (h). The STT will than transmit the result of less than 0.02 to the Company in a confidential manner.
- (i). If the result is greater than 0.02 a confirmation test shall be performed.

(2). Evidential Breath Test:

- (a). The Breath Alcohol Technician will ask the Driver to provide a drivers license for identification purposes.
- (b). The BAT will explain the testing procedures to the Driver.
- (c). The BAT will complete Step 1 on the Breath Alcohol Testing Form.
- (d). The Driver will than complete Step 2 on the Breath Alcohol Testing Form.
- (e). An individually sealed mouthpiece will be opened in the presence of the Driver and affixed to the EBT machine.
- (f). The BAT will conduct the test and show the results of the test to the Driver.
- (g). If the result of the test is less than 0.02 the BAT shall date the form and sign the certification in Step 3. The Driver will sign the certification in Step 4.
- (h). The BAT will than transmit the result of less than 0.02 to the Company in a confidential manner.
- (i). If the result is greater than 0.02 a confirmation test shall be performed.

2. Confirmation Test:

- (a). The BAT shall instruct the Driver not to eat, drink, put any object in his/her mouth and to the extent possible, not belch during the waiting period before the confirmation test.
- (b). The waiting time period begins with the completion of the screening test and shall not be less than fifteen (15) minutes. The confirmation test shall be conducted within twenty (20) minutes of the completion of the screening test. The BAT will explain the reason for the waiting period to the Driver.
- (c). The BAT, after completion of the waiting period will repeat the steps in 2. (a) through (h) above.

E. Reporting of Test Results

1. The BAT upon completion of testing will transmit to the Company designated official the results of each test result in a confidential manner.
2. The BAT shall than provide to the Company the Employers copy of the breath alcohol testing form.
3. To protect the confidentiality of the Driver, all results of testing will be stored separate from the Drivers personnel or qualification file. These records shall be maintained under lock and key at all times. Access is limited to those designated company officials with a need to know. The information in these files will be utilized only to properly administer these policies and to provide for review by certifying agencies as required under Federal law.
4. Any Driver tested under these policies has the right to view and/or receive a copy of the test results. Within a period not to exceed six (6) months from the date of testing, any Driver may request the Company official in writing, that a copy of the test results be provided to them. The Company will promptly comply with this request and will issue to the Driver a copy of these results by certified mail.

F. Test Results Greater than 0.02:

1. Drivers testing greater than 0.02 but less than 0.04 will be placed off duty immediately and remain off duty for a period of not less than twenty-four (24) hours.
2. Drivers testing greater than 0.04 will be immediately suspended and following a review of the facts by the designated company official, terminated.

IV. Refusal To Test

No Driver shall refuse to submit to a Post-Accident, controlled substance test or alcohol test, a random controlled substance test or alcohol test, a reasonable suspicion controlled substance test or alcohol test, or a follow-up controlled substance or alcohol test. Any Driver refusing such tests will be immediately terminated.

V. Referral, Evaluation, and Treatment

1. Any Driver who has engaged in conduct prohibited by this policy will be advised by the company designated official of the resources available to the Driver in evaluating and resolving problems associated with the misuse of alcohol and use of controlled substances.

2. Any Driver who has engaged in conduct prohibited by this policy must be evaluated by a Substance Abuse Professional, who will determine what assistance a Driver may need in resolving problems associated with alcohol misuse and controlled substance abuse.

3. It will be at the determination of the Substance Abuse Professional, when the Driver may take a return to duty test, type of treatment necessary and when any follow up testing will be done.

VI. Safety Sensitive Function

The phrase "Safety Sensitive Function", used throughout this policy, is defined as follows:

(1). All time at a carrier or shipper plant, terminal, facility, or other property, or on any public property, waiting to be dispatched unless the driver has been relieved from duty by the motor carrier.

(2). All time inspecting equipment, servicing or conditioning any commercial motor vehicle.

(3). All driving time in a commercial motor vehicle.

(4). All time, other than driving time, in or upon any commercial motor vehicle, except time spent in a sleeper berth.

(5). All time loading or unloading a vehicle, supervising, or assisting in the loading or unloading, attending a vehicle being loaded or unloaded, remaining in readiness to operate the vehicle, or in giving or receiving receipts for shipments loaded or unloaded.

(6). All time repairing, obtaining assistance or remaining in attendance upon a disabled vehicle.

VII. Immediate Removal from Safety Sensitive Functions

Any Driver participating in conduct prohibited by this policy will be immediately removed from performing any and all safety sensitive functions.

VIII. Company Designated Officials

The personnel described as "Company Designated Officials" are listed by name and title on Addendum A, attached hereto.

IX. Driver Receipt of Policy

All Drivers must sign, and Company representative must witness, the Drivers Receipt of Policy attached hereto as

Appendix 'A'.

X. Effective Date of Policy:

This Policy becomes effective January 1, 1996

ADDENDUM A

Company Designated Officials are:

Name of Designated Official: _____

Title of Official: _____

APPENDIX A

Drivers Receipt of Drug & Alcohol Policy:

I hereby acknowledge receipt of the Company policy on Drug and Alcohol Abuse. I further acknowledge that I have had an opportunity to ask company designated officials any questions that I may have had.

Drivers Signature

Date

Witness

BAZETTA

Incident Type Report (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}

Incident Type	Count	Pct of Incidents	Total Est Loss	Pct of Losses
1 Fire				
111 Building fire	1	1.08%	\$0	0.00%
	<u>1</u>	<u>1.08%</u>	<u>\$0</u>	<u>0.00%</u>
3 Rescue & Emergency Medical Service Incident				
321 EMS call, excluding vehicle accident with	66	71.73%	\$0	0.00%
322 Motor vehicle accident with injuries	3	3.26%	\$0	0.00%
	<u>69</u>	<u>75.00%</u>	<u>\$0</u>	<u>0.00%</u>
4 Hazardous Condition (No Fire)				
412 Gas leak (natural gas or LPG)	1	1.08%	\$0	0.00%
444 Power line down	2	2.17%	\$0	0.00%
	<u>3</u>	<u>3.26%</u>	<u>\$0</u>	<u>0.00%</u>
5 Service Call				
551 Assist police or other governmental agency	1	1.08%	\$0	0.00%
553 Public service	4	4.34%	\$0	0.00%
554 Assist invalid	4	4.34%	\$0	0.00%
	<u>9</u>	<u>9.78%</u>	<u>\$0</u>	<u>0.00%</u>
6 Good Intent Call				
611F Dispatched & cancelled en route (Fire /	5	5.43%	\$0	0.00%
	<u>5</u>	<u>5.43%</u>	<u>\$0</u>	<u>0.00%</u>
7 False Alarm & False Call				
735 Alarm system sounded due to malfunction	1	1.08%	\$0	0.00%
736 CO detector activation due to malfunction	1	1.08%	\$0	0.00%
744 Detector activation, no fire -	2	2.17%	\$0	0.00%
745 Alarm system activation, no fire -	1	1.08%	\$0	0.00%
	<u>5</u>	<u>5.43%</u>	<u>\$0</u>	<u>0.00%</u>

Total Incident Count: 92

Total Est Loss: \$0

BAZETTA

Incidents by District (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and Station = "11 "

District	Count	Pct of Incidents	Est Losses	Pct of Losses
11 STATION	25	27.17 %	\$0	0.00 %
12 CORTLAND	2	2.17 %	\$0	0.00 %
13 STATION	60	65.21 %	\$0	0.00 %
17 BRISTOL	1	1.08 %	\$0	0.00 %
21 CHAMPION	2	2.17 %	\$0	0.00 %
38 MECCA	2	2.17 %	\$0	0.00 %
Total Incident Count:	92		Total Est Losses:	\$0

BAZETTA

Type of Alarm Report (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "11 "

Type of Alarm	Count	Percent
1 Still	2	8.00%
2 Regular	23	92.00%

Total Incident Count: 25

BAZETTA

Type of Alarm Report (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "11 " and Alarm Time Between
"12:00:00" And "20:00:00"

Type of Alarm	Count	Percent
1 Still	1	11.11%
2 Regular	8	88.88%

Total Incident Count: 9

BAZETTA

Type of Alarm Report (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "11 " and Alarm Time Not Between
"12:00:00" And "20:00:00"

Type of Alarm	Count	Percent
1 Still	1	6.25%
2 Regular	15	93.75%

Total Incident Count: 16

BAZETTA

Incidents by District (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "13 "

District	Count	Pct of Incidents	Est Losses	Pct of Losses
13 STATION	60	100.00 %	\$0	0.00 %
Total Incident Count:	60	Total Est Losses:	\$0	

BAZETTA

Incidents by District (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "13 " and Alarm Time Between
"12:00:00" And "20:00:00"

District	Count	Pct of Incidents	Est Losses	Pct of Losses
13 STATION	21	100.00 %	\$0	0.00 %
Total Incident Count:	21	Total Est Losses:	\$0	

BAZETTA

Incidents by District (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}
and District = "13 " and Alarm Time Not Between
"12:00:00" And "20:00:00"

District	Count	Pct of Incidents	Est Losses	Pct of Losses
13 STATION	39	100.00 %	\$0	0.00 %
Total Incident Count:	39	Total Est Losses:	\$0	

BAZETTA

Inspections by Type

**Date Completed Between {03/01/2015} And
{03/31/2015}**

Date	Time	Occupancy	Hrs	Fee
200 INSPECTION - General				
03/06/2015	14:29	CART02 CARTER LUMBER 2167 ELM RD NE	0.33	
03/23/2015	09:04	TRUM03 TRUMBULL COUNTY CONSERVATION LEAGUE 2535 MCCLEARY JACOBY RD NE	0.40	
03/24/2015	12:48	AUTU01 Big blue trucking, Inc 518 PERKINS JONES RD NE/WARREN, OH 44483	0.44	
03/19/2015	09:09	BAZE08 Bazetta Christian Church Child Care 4131 BAZETTA RD NE/A	0.04	
03/18/2015	12:04	ANOT01 Bradley's Professional Pressure Wash 2332 CADWALLADER SONK RD NE	0.02	
03/18/2015	12:11	BP01 BP Gas Station 3640 ELM RD NE	0.13	
03/18/2015	12:31	FRE FRESENIUS MEDICAL CENTER 2100 MILLENNIUM BLVD	0.31	
03/18/2015	13:00	GNC001 GNC 2170 MILLENNIUM BLVD /SUITE E	0.05	
03/18/2015	13:05	GS001 GAME STOP 2170 MILLENNIUM BLVD	0.09	
03/18/2015	12:53	LJS001 LONG JOHN SILVER 2170 MILLENNIUM BLVD /SUITE B	0.06	
03/19/2015	12:26	BAZE11 BAZETTA TOWNSHIP ADMINISTRATION 3372 STATE ROUTE 5	0.04	
03/19/2015	12:00	HOVI01 HOVIS TIRE AND AUTOMOTIVE 2958 ELM RD NE	0.28	
03/23/2015	12:42	WARR02 WARREN HARLEY DAVIDSON 2102 ELM RD NE	0.71	
03/23/2015	13:40	AME Americans Best 2170 MILLENNIUM BLVD /G	0.16	
03/23/2015	13:33	SPRIN01 SPRING LEAF 2170 MILLENNIUM BLVD /D	0.07	
03/23/2015	13:58	WEND01 WENDY'S RESTAURANT 2033 WALMART DR NE	0.15	
03/19/2015	09:00	BAZE05 Bazetta Christian Church 4131 BAZETTA RD NE	1.00	
03/19/2015	09:00	BAZE08 Bazetta Christian Church Child Care 4131 BAZETTA RD NE/A	1.00	
03/19/2015	13:00	HOVI01 HOVIS TIRE AND AUTOMOTIVE 2958 ELM RD NE	0.50	

BAZETTA

Inspections by Type

Date Completed Between {03/01/2015} And
{03/31/2015}

Date	Time	Occupancy	Hrs	Fee
200 INSPECTION - General				
03/19/2015	13:45	BAZE11 BAZETTA TOWNSHIP ADMINISTRATION 3372 STATE ROUTE 5	0.92	
Total Activities for Type: 20			6.70	
250 INSPECTION - Permit				
03/13/2015	10:30	AUTU01 Big blue trucking, Inc 518 PERKINS JONES RD NE/WARREN, OH 44483	0.50	
Total Activities for Type: 1			0.50	
Grand Total Activities: 21			Grand Totals: 7.20	0.00

BAZETTA

Aid Responses by Department (Summary)

Alarm Date Between {03/01/2015} And {03/31/2015}

Type of Aid	Count
STA. 12 CORTLAND FIRE DEPARTMENT	
Mutual aid received	1
Automatic aid received	1
Automatic aid given	1
	<hr/>
	3
 STA. 17 BRISTOL	
Automatic aid given	1
	<hr/>
	1
 STA. 21 CHAMPION FIRE DEPARTMENT	
Mutual aid received	1
Automatic aid given	2
	<hr/>
	3
 STA. 32 HOWLAND	
Automatic aid received	3
	<hr/>
	3

A RESOLUTION CERTIFYING THE FIRE DEPARTMENT'S COSTS AND REQUESTING THE TRUMBULL COUNTY PROSECUTING ATTORNEY TO FILE A CIVIL ACTION FOR THE RECOVERY OF THOSE COSTS IN ACCORDANCE WITH R.C. 3745.13(A)

WHEREAS, the BAZETTA Township Board of Trustees ("Trustees") met in regular session, pursuant to proper notice, on April 6, 2015 at 1900 p.m., at 3372 STATE ROUTE 5, with the following members present:

Trustee _____ Trustee _____ Trustee _____;
and

WHEREAS, on July 28, 2014, the BAZETTA Township Fire Department ("Fire Department") provided an emergency response to an unauthorized spill, release, discharge, or contamination of material into or upon the environment located at 2015 WALMART DRIVE; and

WHEREAS, in responding to the aforementioned emergency situation, the Fire Department incurred necessary and reasonable, additional, or extraordinary costs in investigating, mitigating, minimizing, removing, or abating the spill, release, discharge, or contamination; and

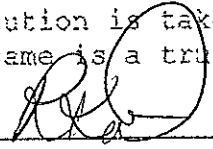
WHEREAS, the Fire Department's Chief has certified the Fire Department's costs in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination in the attached Invoice, which is attached to this Resolution as Exhibit A; and

WHEREAS, the Fire Department's Chief has recommended that the Trustees certify the Fire Department's costs, as set forth in Exhibit A, to the Trumbull County Prosecuting Attorney ("Prosecuting Attorney"), and request that the Prosecuting Attorney bring a civil action for the recovery of those costs against the person(s) responsible for the unauthorized spill, release, discharge, or contamination, in accordance with R.C. 3745.13(A).

NOW, THEREFORE, BE IT RESOLVED BY THE BAZETTA TOWNSHIP BOARD OF TRUSTEES THAT:

Section 1. Pursuant to the recommendation of the Fire Department's Chief, and upon review and consideration of the same, the Trustees determine and certify that the costs set forth in Exhibit A have been incurred by the Fire Department in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination. Accordingly, a certified copy of this Resolution and a certified copy of Exhibit A shall be sent to the Prosecuting Attorney upon the adoption of the same.

Barzetta, Rita K. Drew, Fiscal Officer of the
Township Board of Trustees, in whose custody and
control the files and records of such Board are required by the laws
of the State of Ohio to be kept, do hereby certify that the foregoing
Resolution is taken and copied from the original Resolution, and that
the same is a true and correct copy thereof.



Date: 04-06-15

Fiscal Officer

BAZETTA FIRE DEPARTMENT

STATION 11

Bazetta

Striving for a Better Tomorrow

Captain
Dave Walter

773 EVERETT-HULL RD
CORTLAND, OHIO 44410
(330) 637-4136 FAX (330) 638-4193

Chief
Dennis Lewis
Asst. Chief
Tom Rink
Captain
Mike Mannella

STATION 13



Captain

Haz-Mat Billing

2015 Walmart Drive Bazetta Fire Department

Members

FD Members	Hours	Rate	Total
Mike Mannella	1.5	26	\$29.00
Gary Walters	1.5	26	\$29.00
Aaron Hanson	1.5	26	\$29.00
Nick Wildman	2.5	26	\$65.00
Willy Claypolle	2.5	26	\$65.00
Dave Walter	2.5	26	\$65.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Department Members Total			\$282.00

Unit	Hours	Rate	Total
Rescue 11	2.5	200.00	\$500.00
Command Vehicle	2.5	100.00	\$250.00
Cruiser W/ Officer	2.5	67.00	\$167.50
Cruiser W/ Officer	2.5	67.00	\$167.50
			\$0.00
Absorbent Pads	50 Pads		\$17.50
Haz-Mat Boom	4		\$71.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Vehicle and Equipment Total			\$1173.50

Grand Total	\$1455.50
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BAZETTA FIRE DEPARTMENT

STATION 11

Bazetta

Striving for a Better Tomorrow

Captain
Dave Walter

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CORTLAND, OHIO 44410
(330) 637-4136 FAX (330) 638-4193

Chief
Dennis Lewis
Asst. Chief
Tom Rink
Captain
Mike Mannella

STATION 13



Captain

Professionally,

Dennis Lewis

Dennis Lewis
Chief of Fire & EMS

A	<input type="text" value="78101"/> <input type="text" value="OH"/>	<input type="text" value="07"/> <input type="text" value="28"/> <input type="text" value="2014"/>	<input type="text" value="11"/>	<input type="text" value="14-0000594"/> <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change <input type="checkbox"/> No Activity	NFIRS -1 Basic	
B	Location* <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Census Tract Module in Section 8 "Alternative Location Specification". Use only for Wildland fires.						
	<input checked="" type="checkbox"/> Street address <input type="checkbox"/> Intersection <input type="checkbox"/> In front of <input type="checkbox"/> Rear of <input type="checkbox"/> Adjacent to <input type="checkbox"/> Directions	<input type="text" value="2015"/> <input type="text" value="WALMART"/> Number/Milepost Prefix Street or Highway	<input type="text" value="DR"/> <input type="text" value="NE"/> Street Typ: Suffix	<input type="text" value="CORTLAND"/> <input type="text" value="OH"/> <input type="text" value="44410"/> Apt./Suite/Room City State Zip Code	<input type="text" value=""/> <input type="text" value=""/> <input type="text" value=""/> Cross street or directions, as applicable		
C	Incident Type * <input type="text" value="412"/> <input type="text" value="Gas leak (natural gas or LPG)"/> Incident Type		E1 Date & Times Midnight is 0000 Check boxes if dates are the same as Alarm ALARM always required Alarm * <input type="text" value="07"/> <input type="text" value="28"/> <input type="text" value="2014"/> <input type="text" value="13:20:04"/> Date.		E2 Shift & Alarms Local Option <input type="text" value="C"/> <input type="text" value="13"/> Shift or Alarms District Platform		
D	Aid Given or Received* 1 <input checked="" type="checkbox"/> Mutual aid received <input type="text" value="78200"/> <input type="text" value=""/> 2 <input type="checkbox"/> Automatic aid recv. Their FBID Their State 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given <input type="text" value="14-0921"/> 5 <input type="checkbox"/> Other aid given Their Incident Number N <input type="checkbox"/> None		E3 Special Studies Local Option <input type="text" value=""/> <input type="text" value=""/> Special Study ID# Special Study Value				
F	Actions Taken * <input type="text" value="44"/> <input type="text" value="Hazardous materials"/> Primary Action Taken (1) <input type="text" value="53"/> <input type="text" value="Evacuate area"/> Additional Action Taken (2) <input type="text" value="55"/> <input type="text" value="Establish safe area"/> Additional Action Taken (3)		G1 Resources * <input checked="" type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus Personnel Suppression <input type="text" value="0004"/> <input type="text" value="0006"/> EMS <input type="text" value=""/> <input type="text" value=""/> Other <input type="text" value=""/> <input type="text" value=""/> <input type="checkbox"/> 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 \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/> Contents \$ <input type="text" value=""/> , <input type="text" value="000"/> , <input type="text" value="000"/> <input type="checkbox"/>		
Completed Modules <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civil Fire Cas.-4 <input type="checkbox"/> Fire Serv. Cas.-5 <input type="checkbox"/> EMS-6 <input checked="" type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input checked="" type="checkbox"/> Apparatus-9 <input checked="" type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11		H1* Casualties <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value=""/> <input type="text" value=""/> Civilian <input type="text" value=""/> <input type="text" value=""/> H2 Detector Required for Confined Fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		H3 Hazardous Materials Release N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural Gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling < 55 gallons 0 <input checked="" type="checkbox"/> Other: Special HazMat actions required or spill > 55gal., Please complete the HazMat form		I Mixed Use Property NN <input type="checkbox"/> Not Mixed 10 <input type="checkbox"/> Assembly use 20 <input type="checkbox"/> Education use 33 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Bus. & Residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input checked="" type="checkbox"/> Other mixed use	
J Property Use* Structures 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/Tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergarten 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult education 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2-family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales		539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repair 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse			
Outside 124 <input type="checkbox"/> Playground or park 653 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/care for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway		981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Lookup and enter a Property Use code only if you have NOT checked a Property Use box: Property Use <input type="text" value="581"/> Department or discount store			

K1 Person/Entity Involved Local Option Same Business name (if applicable) Same Area Code 724 Phone Number 925 2210

Check This Box if same address as incident location. Then skip the three duplicate address lines.

Bill Mr., Ms., Mrs. First Name Hewitt MI Last Name Suffix

Proscape Landscape Supply Number Prefix Street or Highway Street Type Suffix

New Stanton Post Office Box Apt./Suite/Room City

PA State 44410 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 WAL-MART (OLD) Business name (if Applicable) Area Code 501 Phone Number 273 4600

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

WAL-MART Mr., Ms., Mrs. First Name CORPORATION MI Last Name Suffix

2015 Number Prefix WALMART Street or Highway DR Street Type NE Suffix

CORTLAND Post Office Box Apt./Suite/Room City

OH State 44410 Zip Code

L Remarks
Local Option

On 07/28/2014 At 13:20:04 Dispatched To 2015 Walmart Dr Ne/cortland, Oh 44410. The Location Is A Department Or Discount Store. The Incident Was Determined To Be A(n) Gas Leak (natural Gas Or Lpg).

13:24:52 Arrived On Scene.

The Following Involvements Were Noted:

Name/business Name	Involvement Type
Corporation, Wal-mart This Is Now Menards' Store Under Construction	

A Contractor Was Operating A Bobcat Type Vehicle And Struck A 2" Gas Line And Ruptured It; Fd Was Called; Additional Resources Were Called For Water And Manpower; Utilities Were Called To Assist; Pd Was Called For Traffic; 1 Building Was Evacuated D/t Close Proximity; Haz Mat Was Called And On Scene And Notifies The Epa; There Were No Injuries. Usic Locating Services On Scene Michelle Henderson 330-351-2117 To Hazmat On Scene

Owner/operator Of Bobcat Type Vehicle: Proscape Landscape Supply, Bill Hewitt, New Stanton Pa, 724-925-2210, 724-640-9049

Project Supervisor For Menards': Corey Mcconnell 440-935-4282

Bazetta Fire Utilized 2 Padded Dams

The Following Actions Were Performed On Scene:

- Hazardous Materials Leak Control & Containment
- Evacuate Area
- Establish Safe Area

L Authorization

<u>WALT01</u> officer in charge ID	<u>Walter, David</u> Signature	<u>CP</u> Position or rank	<u> </u> Assignment	<u>07</u> <u>28</u> <u>2014</u> Month Day Year
Check Box if <input checked="" type="checkbox"/> same as Officer Member making report ID in charge.	<u>WALT01</u> Signature	<u>CP</u> Position or rank	<u> </u> Assignment	<u>07</u> <u>28</u> <u>2014</u> Month Day Year

78101

FDID *

OH

State *

MM DD YYYY

7

28

2014

Incident Date *

11

Station

14-0000594

Incident Number *

000

Exposure *

Complete Narrative

Narrative:

On 07/28/2014 At 13:20:04 Dispatched To 2015 Walmart Dr Ne/cortland, Oh 44410. The Location Is A Department Or Discount Store. The Incident Was Determined To Be A(n) Gas Leak (natural Gas Or Lpg).

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Bazetta Fire Utilized 2 Padded Dams

The Following Actions Were Performed On Scene:

- Hazardous Materials Leak Control & Containment
Evacuate Area
Establish Safe Area

Units Responding Were:

- Unit Ch11 Responded.
Unit Ch13 Responded.
Unit R11 Responded.
Unit T11 Responded.

Mutual Aid Received:

- Cortland Fire Department
Howland
Trumbull County Haz Mat Team

16:06:18 All Units Back In Service.

A MM DD YYYY
 78101 OH 7 28 2014 11 14-0000594 000 1 Delete NFIRS - 7
 FDID * State * Incident Date * Station Incident Number * Exposure * Haz No * Change HazMat

B HazMat ID _____ Chemical * Natural gas
 UN Number _____ DOT Hazard Classification _____ CAS Registration Number _____
 Name _____

C1 Container Type 22 Container Type More hazardous Materials? Use additional sheets.	C2 Estimated Container Capacity _____, _____, _____ Capacity: by volume or weight	D1 Estimated Amount Released _____, _____, _____ Amount released: by volume or weight	E1 Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input checked="" type="checkbox"/> Gas U <input type="checkbox"/> Undetermined
	C3 Units: Capacity Check one box VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	D2 Units: Released Check one box VOLUME WEIGHT 11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces 12 <input checked="" type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds 13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams 14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms 15 <input type="checkbox"/> Cubic feet 16 <input type="checkbox"/> Cubic meters	E2 Released Into 1 Released into

Complete the remainder of this form only for the first hazardous material involved in this incident.	F2 Population Density 1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural	G2 Area Evacuated <input type="checkbox"/> None 1 <input type="checkbox"/> Square Feet _____, _____ 2 <input type="checkbox"/> Blocks Enter Measurement 3 <input type="checkbox"/> Square miles	H HazMat Actions Taken Enter up to three actions taken _____ Primary Action Taken (1) _____ Additional Action Taken (2) _____ Additional Action Taken (3)
	F1 Released From: Check all applicable boxes <input type="checkbox"/> Below grade 1 <input type="checkbox"/> Inside/on structure _____ Story of Release 2 <input checked="" type="checkbox"/> Outside of structure	G1 Area Affected 1 <input type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles _____, _____ Enter Measurement	G3 Estimated Number of People Evacuated _____, _____, 10

J Cause Of Release * 1 <input type="checkbox"/> Intentional 2 <input checked="" type="checkbox"/> Unintentional release 3 <input type="checkbox"/> Container/containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation	K Factors Contributing to Release Enter up to three contributing factors UU Undetermined _____ Factor Contributing To Release (1) _____ Factor Contributing To Release (2) _____ Factor Contributing To Release (3)	L 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 <input type="checkbox"/> None _____ Equipment involved in release Brand _____ Model _____ Serial Number _____ Year _____	N Mobile Property Involved <input type="checkbox"/> None In Release _____ Mobile property type _____ Mobile property make _____ Mobile property model _____ Year _____ License Plate Number _____ State _____ DOT Number/ ICC Number _____	O HazMat Disposition * 1 <input type="checkbox"/> Completed by fire service only 2 <input checked="" type="checkbox"/> Completed w/ fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to a private agency 8 <input type="checkbox"/> Released to property owner or manager ○ HazMat Civilian Casualties Deaths _____ Injuries _____
--	--	--

A FDID 78101 * State OH * Incident Date 7 28 2014 * Station 11 Incident Number 14-0000594 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

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. <input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	Actions Taken	
	Dispatch	Arrival	Clear	Month	Day				Year	Hour
1 ID <u>CH11</u> Type <u>92</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>20</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>24</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>16</u>	<u>06</u>		
2 ID <u>CH13</u> Type <u>92</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>20</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>24</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>16</u>	<u>06</u>		
3 ID <u>R11</u> Type <u>71</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>20</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>24</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>16</u>	<u>06</u>		
4 ID <u>T11</u> Type <u>00</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>20</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>13</u>	<u>24</u>		
				<u>7</u>	<u>28</u>	<u>2014</u>	<u>16</u>	<u>06</u>		
5 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
6 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
7 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
8 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
9 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		
				<u> </u>	<u> </u>	<u> </u>	<u> </u>	<u> </u>		

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 ELS 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 |
|--|--|---|--|

A	FDID * <u>78101</u>	State * <u>OH</u>	Incident Date * MM <u>7</u> DD <u>28</u> YYYY <u>2014</u>	Station <u>11</u>	Incident Number * <u>14-0000594</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete	NFIRS - 10 Personnel
B Apparatus or Resource <small>Use codes listed below</small>		Date and Times <small>Check if same as alarm date</small>			Sent <input checked="" type="checkbox"/>	Number of People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken <small>List up to 4 actions for each apparatus and each personnel.</small>
		Month Day Year Hours/mins			<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	
<u>1</u>	ID <u>CW11</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:20</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>		<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:24</u>				<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>16:06</u>				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
LEWI02	Lewis, Dennis	FC	X					
<u>2</u>	ID <u>CH13</u> Type <u>92</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:20</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>		<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:24</u>				<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>16:06</u>				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
RINK01	Rink, Thomas	AC	X					
<u>3</u>	ID <u>R11</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:20</u>	Sent <input checked="" type="checkbox"/>	<u>3</u>		<input type="checkbox"/> <input type="checkbox"/>
		Arrival <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>13:24</u>				<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>7</u> <u>28</u> <u>2014</u>	<u>16:06</u>				<input type="checkbox"/> <input type="checkbox"/>
Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken	
CLAY01	Claypoole, William	FFP	X					
GUB01	Gubyaner, Scott	FFP	X					
WILD01	Wildman, Nicolas	FFP	X					

A FDID * 78101 State * OH Incident Date * 7 28 2014 Station 11 Incident Number * 14-0000594 Exposure * 000 Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times **Sent** **Number of * People** **Use** **Actions Taken**
Use codes listed below Check if same as alarm date Check ONE box for each apparatus to indicate its main use at the incident. List up to 4 actions for each apparatus and each personnel.
 Month Day Year Hours/mins

1 ID T11 Dispatch 7 28 2014 13:20 Sent 1 Suppression EMS Other
 Type 00 Arrival 7 28 2014 13:24 Clear 7 28 2014 16:06

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
WALT01	Walter, David	CP	X				

2 ID Dispatch Sent Suppression EMS Other
 Type Arrival Clear

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	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 Suppression EMS Other
 Type Arrival Clear

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

78101 FDID	OH State	7 28 Incident Date	2014	11 Station	14-0000594 Incident Number	000 Exposure	Responding Units/Personnel
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Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
CH11 Chief's Car	13:20:04	13:20:04	13:24:52	16:06:18

Staff ID\Staff Name	Activity	Rank	Position	Role
LEWI02 Lewis, Dennis K	Fire At Scene	Fire Chief	Fire Chief	

CH13 Chief 13	13:20:04	13:20:04	13:24:52	16:06:18
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Staff ID\Staff Name	Activity	Rank	Position	Role
RINK01 Rink, Thomas S	Fire At Scene	Assistant C	Assistant Fi	

R11 Rescue/Pumper	13:20:04	13:20:04	13:24:52	16:06:18
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Staff ID\Staff Name	Activity	Rank	Position	Role
CLAY01 Claypoole, William	Fire At Scene	Firefighter	Firefighter	
GUR01 Gubyaner, Scott	Fire At Scene	Firefighter	Firefighter	
WILD01 Wildman, Nicolas A	Fire At Scene	Firefighter	Driver	

T11 Utility Truck	13:20:04	13:20:04	13:24:52	16:06:18
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Staff ID\Staff Name	Activity	Rank	Position	Role
WALT01 Walter, David	Fire At Scene	Captain	Shift Office	

78101 FDID *	OH State *	MM DD YYYY 7 28 2014 Incident Date *	11 Station	14-0000594 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
HANS01 Hanson, Aaron S		OT Over Time	FF	FFP		2.41	2.41	0.00
MANN01 Mannella, Michael		OT Over Time	SO	CP		2.41	2.41	0.00
WALT02 Walters, Gary		OT Over Time	FF	FFP		2.41	2.41	0.00
LEWT02 Lewis, Dennis K	CH11	FX Fire At Scene	CH	FC		0.00	0.00	1.00
RINK01 Rink, Thomas S	CH13	FX Fire At Scene	C2	AC		0.00	0.00	1.00
CLAY01 Claypoole, William	R11	FX Fire At Scene	FF	FFP		0.00	0.00	1.00
GUB01 Gubyaner, Scott	R11	FX Fire At Scene	FF	FFP		0.00	0.00	1.00
WILD01 Wildman, Nicolas A	R11	FX Fire At Scene	D	FFP		0.00	0.00	1.00
WALT01 Walter, David	T11	FX Fire At Scene	SO	CP		0.00	0.00	1.00

Total Participants: 9

Total Personnel Hours: 7.23

An 'X' next to the unit denotes driver.

78101	OH	MM	DD	YYYY	11	14-0000594	000	NFIRS - Involvement User Fields
FDID	State	7	28	2014	Station	Incident Number	Exposure	

Involvement Name: CORPORATION, WAL-MART	Involvement Type:	Owner: X	Occupant:
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Involvement Name: Hewitt, Bill	Involvement Type:	Owner:	Occupant:
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A RESOLUTION CERTIFYING THE FIRE DEPARTMENT'S COSTS AND REQUESTING THE TRUMBULL COUNTY PROSECUTING ATTORNEY TO FILE A CIVIL ACTION FOR THE RECOVERY OF THOSE COSTS IN ACCORDANCE WITH R.C. 3745.13(A)

WHEREAS, the Bazetta Township Board of Trustees ("Trustees") met in regular session, pursuant to proper notice, on April 6, 2015 at 1900 p.m., at 3372 STATE Route 5, with the following members present:

Trustee _____ Trustee _____ Trustee _____;
and

WHEREAS, on January 31, 2015, the BAZETTA Township Fire Department ("Fire Department") provided an emergency response to an unauthorized spill, release, discharge, or contamination of material into or upon the environment located at 2482 STATE Route 5; and

WHEREAS, in responding to the aforementioned emergency situation, the Fire Department incurred necessary and reasonable, additional, or extraordinary costs in investigating, mitigating, minimizing, removing, or abating the spill, release, discharge, or contamination; and

WHEREAS, the Fire Department's Chief has certified the Fire Department's costs in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination in the attached Invoice, which is attached to this Resolution as Exhibit A; and

WHEREAS, the Fire Department's Chief has recommended that the Trustees certify the Fire Department's costs, as set forth in Exhibit A, to the Trumbull County Prosecuting Attorney ("Prosecuting Attorney"), and request that the Prosecuting Attorney bring a civil action for the recovery of those costs against the person(s) responsible for the unauthorized spill, release, discharge, or contamination, in accordance with R.C. 3745.13(A).

NOW, THEREFORE, BE IT RESOLVED BY THE BAZETTA TOWNSHIP BOARD OF TRUSTEES THAT:

Section 1. Pursuant to the recommendation of the Fire Department's Chief, and upon review and consideration of the same, the Trustees determine and certify that the costs set forth in Exhibit A have been incurred by the Fire Department in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination. Accordingly, a certified copy of this Resolution and a certified copy of Exhibit A shall be sent to the Prosecuting Attorney upon the adoption of the same.

I, Rita K. Drew, Fiscal Officer of the
Bazetta Township Board of Trustees, in whose custody and
control the files and records of such Board are required by the laws
of the State of Ohio to be kept, do hereby certify that the foregoing
Resolution is taken and copied from the original Resolution, and that
the same is a true and correct copy thereof.

Rita K. Drew

Date: 04-06-15

Fiscal Officer

BAZETTA FIRE DEPARTMENT

STATION 11

Bazetta

Striving for a Better Tomorrow

Captain
Dave Walter

773 EVERETT-HULL RD
CORTLAND, OHIO 44410
(330) 637-4136 FAX (330) 638-4193

Chief
Dennis Lewis
Asst. Chief
Tom Rink
Captain
Mike Mannella

STATION 13



Captain

Haz-Mat Billing

2482 State Route 5 Bazetta Fire Department

Members

FD Members	Hours	Rate	Total
Dave Walter	1.5	26	\$39.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Department Members Total			\$39.00

Unit	Hours	Rate	Total
Rescue 11	1.5	200.00	\$300.00
Cruiser W/ Officer	1.5	67.00	\$100.50
Cruiser W/ Officer	1.5	67.00	\$100.50
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Vehicle and Equipment Total			\$501.00

Grand Total	\$540.00
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BAZETTA FIRE DEPARTMENT

STATION 11

Bazetta

Striving for a Better Tomorrow

Captain
Dave Walter

773 EVERETT-HULL RD
CORTLAND, OHIO 44410
(330) 637-4136 FAX (330) 638-4193

Chief
Dennis Lewis
Asst. Chief
Tom Rink
Captain
Mike Mannella

STATION 13



Captain

Professionally,

Dennis Lewis

Dennis Lewis
Chief of Fire & EMS

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.

Street address Intersection In front of Rear of Adjacent to Directions

2482 STATE ROUTE 5 NE
 CORTLAND OH 44410
 Cross street or directions, as applicable

C Incident Type *
 322 Motor vehicle accident with
 Incident Type

E1 Date & Times Midnight is 0000
 Check boxes if dates are the same as Alarm ALARM always required
 Date: Alarm * 01 31 2015 06:56:18
 ARRIVAL required, unless canceled or did not arrive

E2 Shift & Alarms Local Option
 C 13
 Shift or Alarms District Platoon

D Aid Given or Received*

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

Their FDID Their State
 100
 Their Incident Number

Arrival * 01 31 2015 07:05:29
 CONTROLLED Optional, except for wildland fires
 Controlled
 LAST UNIT CLEARED, required except for wildland fires
 Last Unit Cleared 01 31 2015 07:18:31

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

F Actions Taken *

44 Hazardous materials
 Primary Action Taken (1)
 33 Provide advanced life
 Additional Action Taken (2)
 34 Transport person
 Additional Action Taken (3)

G1 Resources *
 Check this box and skip this section if an Apparatus or Personnel form is used.
 Apparatus Personnel
 Suppression 0001
 EMS 0002 0003
 Other
 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 \$ 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 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

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 NOT checked a Property Use box:
 Property Use 961
 Highway or divided highway

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 (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

M-13 And R-11 Were Dispatched To The Area Near 2482 State Route 5 For A MVA (car Into Semi). U/a On Scene It Was Noted That A Jeep Liberty Had Ran Into The Rear End Of A Propane Truck (private Contractor). M-13 Evaluated And Transported One Pt (jeep Driver) Als To Tmh Ed. R-11 Arrived On Scene And Performed Scene Size Up, R-11 Secured Jeep With Cribbing, Established Safe Zone, Shut All Power To Propane Truck Off, Set Up Water Curtain Under Propane Truck To Control Odor (possible Slight Leak) That Had Been Coming Form A "bad Valve" On Truck. Captain Walter Had Bazetta Pd Close State Route 5 From Millennium Blvd North To Burnett Drive. Bazetta Pd, Cortland Pd, Osp And Tc Sheriff Assisted With Road Closure. 11-110 Notified 11-101 Via Cell Phone Of Incident And 11-101 Was Going To Notify Bazetta Twp Trustees. 11-110 Contacted 11-121 At Station To Begin Press Release Notification To Media Regarding Incident, Road Closures And Business Closures Until Incident Was Deemed Safe. 11-110 Also Contacted Osp Motor Carrier Division To Respond To The Scene To Evaluate Propane Truck And Possible Hazard Before Moving Any Vehicles From The Scene. Osp Motor Carrier Division Rep Arrived On Scene And Was Comfortable With Bazetta Fd's Efforts And Was Then Going To Remove Truck From The Road Way To Continue Investigation Of Crash. R-11 Discontinued Water Curtain At That Time And Released Scene To Osp, Terminated Command And Placed All Units In Service. All Businesses In The Area Were Attempted To Be Notified Regarding The Road Closure And Hazard That Existed. Media Press Releases Were Issued And Initiated As They Became Available.

On 01/31/2015 At 06:56:18 Dispatched To 2482 State Route 5 Ne/cortland, Oh 44410. The Location Is A Highway Or Divided Highway. The Incident Was Determined To Be A(n) Motor Vehicle Accident With Injuries.

L Authorization

WASS01 Wasser, Robert FFP 01 31 2015
Officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID WASS01 Wasser, Robert FFP 01 31 2015
in charge. Signature Position or rank Assignment Month Day Year

78101

FDID *

OH

State *

MM

DD

YYYY

1

31

2015

Incident Date *

11

Station

15-0000088

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

M-13 And R-11 Were Dispatched To The Area Near 2482 State Route 5 For A MVA (car Into Semi). U/a On Scene It Was Noted That A Jeep Liberty Had Ran Into The Rear End Of A Propane Truck (private Contractor). M-13 Evaluated And Transported One Pt (jeep Driver) Als To Tmh Ed. R-11 Arrived On Scene And Performed Scene Size Up, R-11 Secured Jeep With Cribbing, Established Safe Zone, Shut All Power To Propane Truck Off, Set Up Water Curtain Under Propane Truck To Control Odor (possible Slight Leak) That Had Been Coming Form A "bad Valve" On Truck. Captain Walter Had Bazetta Pd Close State Route 5 From Millennium Blvd North To Burnett Drive. Bazetta Pd, Cortland Pd, Osp And Tc Sheriff Assisted With Road Closure. 11-110 Notified 11-101 Via Cell Phone Of Incident And 11-101 Was Going To Notify Bazetta Twp Trustees. 11-110 Contacted 11-121 At Station To Begin Press Release Notification To Media Regarding Incident, Road Closures And Business Closures Until Incident Was Deemed Safe. 11-110 Also Contacted Osp Motor Carrier Division To Respond To The Scene To Evaluate Propane Truck And Possible Hazard Before Moving Any Vehicles From The Scene. Osp Motor Carrier Division Rep Arrived On Scene And Was Comfortable With Bazetta Fd's Efforts And Was Then Going To Remove Truck From The Road Way To Continue Investigation Of Crash. R-11 Discontinued Water Curtain At That Time And Released Scene To Osp, Terminated Command And Placed All Units In Service. All Businesses In The Area Were Attempted To Be Notified Regarding The Road Closure And Hazard That Existed. Media Press Releases Were Issued And Initiated As They Became Available.

On 01/31/2015 At 06:56:18 Dispatched To 2482 State Route 5 Ne/cortland, Oh 44410. The Location Is A Highway Or Divided Highway. The Incident Was Determined To Be A(n) Motor Vehicle Accident With Injuries.

07:05:29 Arrived On Scene.

The Following Actions Were Performed On Scene:

- Hazardous Materials Leak Control & Containment
- Provide Advanced Life Support (als)
- Transport Person

Units Responding Were:

Unit M13 Responded.

Unit R11 Responded.

Mutual Aid Received:

Trumbull County Haz Mat Team

07:18:31 All Units Back In Service.

A	78101 FDID *	OH State *	MM DD YYYY 1 31 2015 Incident Date *	11 Station	15-0000088 Incident Number *	000 Exposure *	<input type="checkbox"/> Delete <input type="checkbox"/> Change	Vehicle Accident Information
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Mobile Property Type	10 Passenger road vehicle, Other	Accident Type	2105 Center Rear
Vehicle Found	1 Upright	Position in vehicle	2145 Driver
Ejection/Entrapment	8 Other		
Vehicle Make	Jeep	vehicle license	State
VIN		Drivers's License#	State
Extrication Required?	No	Minutes Required	Extrication Agency

B Apparatus or Resource	Date and Times				Sent <input checked="" type="checkbox"/>	Number of * People	Use <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	<small>check if same as alarm date</small>								
	Month	Day	Year	Hour	Min				
1 ID <u>M13</u> Type <u>76</u>	Dispatch <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>06:56</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>07:05</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>08:35</u>				<input type="checkbox"/> <input type="checkbox"/>
2 ID <u>R11</u> Type <u>71</u>	Dispatch <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>06:56</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input checked="" type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>07:05</u>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input checked="" type="checkbox"/>	<u>1</u>	<u>31</u>	<u>2015</u>	<u>08:35</u>				<input type="checkbox"/> <input type="checkbox"/>
3 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
4 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
5 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
6 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
7 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
8 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>
9 ID <u> </u> Type <u> </u>	Dispatch <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Arrival <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
	Clear <input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>				<input type="checkbox"/> <input type="checkbox"/>

Type of Apparatus or Resources

- | | | | |
|--|--|--|--|
| <ul style="list-style-type: none"> 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 | <ul style="list-style-type: none"> 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 | <p>More Apparatus?
Use Additional
Sheets</p> | <ul style="list-style-type: none"> 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 |
|--|--|--|--|

A FDID 78101 * State OH * Incident Date 1 31 2015 * Station 11 Incident Number 15-0000088 * Exposure 000 * Delete Change **NFIRS - 10 Personnel**

B Apparatus or Resource * Date and Times Check if same as alarm date Sent Number of * People Use Check ONE box for each apparatus to indicate its main use at the incident. Actions Taken List up to 4 actions for each apparatus and each personnel.

1 ID M13 Dispatch 1 31 2015 06:56 Sent 2 Suppression EMS Other
 Type 76 Arrival 1 31 2015 07:05 Clear 1 31 2015 08:35

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
SHAF01 WILD01	Shafer, Todd Wildman, Nicolas	FFP FFP	X X				

2 ID R11 Dispatch 1 31 2015 06:56 Sent 2 Suppression EMS Other
 Type 71 Arrival 1 31 2015 07:05 Clear 1 31 2015 08:35

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
GUB01 WALT01	Gubyaner, Scott Walter, David	FFP CP	X X				

3 ID Dispatch Sent Suppression EMS Other
 Type Arrival Clear

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

78101

FDID

OH

State

1

31

Incident Date

2015

11

Station

15-0000088

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
M13 Ambulance	06:56:18	06:56:18	07:05:29	08:35:41

Staff ID\Staff Name	Activity	Rank	Position	Role
SHAF01 Shafer, Todd	Medical At Scene	Firefighter	Lead Paramed	
WILD01 Wildman, Nicolas A	Medical At Scene	Firefighter	Paramedic	

Unit Narrative

M-13 Was Dispatched To 2482 State Route 5 Ne For A MVA (car Into A Semi). M-13 Arrived On Scene And Evaluated Pt In Jeep That Ran Into The Rear Of The Propane Truck. M-13 Crew Transported One Pt To Tmh Ed.

R11 Rescue/Pumper	06:56:18	06:56:18	07:05:29	08:35:41
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Staff ID\Staff Name	Activity	Rank	Position	Role
GUB01 Gubyaner, Scott	Fire At Scene	Firefighter	Driver	
WALT01 Walter, David	Fire At Scene	Captain	Shift Office	

Unit Narrative

R-11 Arrived On Scene And Performed Scene Size Up, R-11 Secured Jeep With Cribbing, Established Safe Zone, Shut All Power To Propane Truck Off, Set Up Water Curtain Under Propane Truck To Control Odor (possible Slight Leak) That Had Been Coming Form A "bad Valve" On Truck. Captain Walter Had Bazetta Pd Close State Route 5 From Millennium Blvd North To Burnett Drive. Bazetta Pd, Cortland Pd, Osp And Tc Sheriff Assisted With Road Closure. 11-110 Notified 11-101 Via Cell Phone Of Incident And 11-101 Was Going To Notify Bazetta Twp Trustees. 11-110 Contacted 11-121 At Station To Begin Press Release Notification To Media Regarding Incident, Road Closures And Business Closures Until Incident Was Deemed Safe. 11-110 Also Contacted Osp Motor Carrier Division To Respond To The Scene To Evaluate Propane Truck And Possible Hazard Before Moving Any Vehicles From The Scene. Osp Motor Carrier Division Rep Arrived On Scene And Was Comfortable With Bazetta Fd's Efforts And Was Then Going To Remove Truck From The Road Way To Continue Investigation Of Crash. R-11 Discontinued Water Curtain At That Time And Released Scene To Osp, Terminated Command And Placed All Units In Service.

78101 FDID *	OH State *	MM DD YYYY 1 31 2015 Incident Date *	11 Station	15-0000088 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
SHAF01 Shafer, Todd	M13	MX Medical At	PM	FFP		0.00	0.00	1.00
WILD01 Wildman, Nicolas A	M13	MX Medical At	PA	FFP		0.00	0.00	1.00
GUB01 Gubyaner, Scott	R11	FX Fire At Scene	D	FFP		0.00	0.00	1.00
WALT01 Walter, David	R11	FX Fire At Scene	SO	CP		0.00	0.00	1.00

Total Participants: 4

Total Personnel Hours: 0.00

An 'X' next to the unit denotes driver.

CALL NUMBER *GEO CODE PRECINCT B

TOD 06:59 TOA 07:07 TOC 08:50

INCIDENT (NON-CRIMINAL) OFFENSE SUPPLEMENT

Printed:02-10-2015 12:14

OHIO UNIFORM INCIDENT REPORT

15-01-099 CLEARANCES A Death of Suspect B Prosecution Declined C In Custody of Other Jurisd. D Victim Refused to Coop. E Juvenile/No Custody F Arrest - Adult G Arrest - Juvenile H Warrant Issued I Invest Pending J Closed K Unfounded U Unknown

ADMINISTRATIVE

Table with columns: MONTH, REPORT DATE/TIME (DAY, YEAR, TIME), INCIDENT OCCURRED FROM (MONTH, DAY, YEAR, TIME), INCIDENT OCCURRED TO (MONTH, DAY, YEAR, TIME). Values: 01, 31, 2015, 06:59, 01, 31, 2015, 06:59, 01, 31, 2015, 08:50

INCIDENT LOCATION (Street, Apt, City, State, Zip) 2498 ELM ROAD EXT. NE, CORTLAND, OH 44410

OFFENSE

Table with columns: *OFFENSE, *OFFENSE CODE, *A/C, *P/M & DEG., *HATE/BIAS, *LARCENY, *CNT, *TYPE CRIMINAL ACTIVITY. Rows 1-5: ASSIST POLICE DEPT, TRAFFIC COMPLAINT, etc.

*LOCATION OF OFFENSE (Enter up to two)

Table with columns: RESIDENTIAL STRUCTURE, COMMERCIAL LOCATIONS, PUBLIC ACCESS BLDGS., OTHER, *SUSPECTED OF USING (A ALCOHOL, D DRUGS, C COMPUTER EQUIPMENT, N NOT APPLICABLE), *TYPE WEAPON/FORCE USED.

Table with columns: *METHOD OF ENTRY, *METHOD OF ENTRY - MOTOR VEHICLE THEFT, *METHOD OF ENTRY - BURGLARY/B & E. Includes checkboxes for force, unlocked, duplicate key, etc.

METHODS OF OPERATION CARGO THEFT Y N

VICTIM

Victim information form including: *NO. TOTAL VICTIMS, *VICTIM TYPE, NAME, ADDRESS, EMPLOYER NAME, *AGE, *SEX, *RACE, HEIGHT, WEIGHT, HAIR, EYES, OCCUPATION, SSN, *RESIDENT STATUS, *VICTIM INJURED, *AGG. ASLT/HOMICIDE CIR., *VICTIM/SUSPECT RELATIONSHIP, *VICTIM/OFFENSE LINK.

Reporting Officer: HERLINGER, CHRISTOPHER G. (BADGE NO. 1311, DATE 01-31-2015) Approving Officer: RENTZ, SHAWN P. (BADGE NO. 1322, DATE 02-01-2015)

Additional Supplements: VICTIM WITNESS, PROPERTY, STATEMENTS, SUSPECT/ARRESTEE, NARRATIVE, OTHER, FORM RECEIVED BY: INTELLIGENCE, RECORDS, SPECIAL COPIES.

INCIDENT NUMBER 15-01-099

REPORTEE	NO.	NAME (Last, First, Middle)	*AGE/ D.O.B	SSN
	ADDRESS (Street, Apt., City, State, Zip)			PHONE
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)			PHONE
	<input type="checkbox"/> STATEMENTS OBTAINED TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			

VEHICLE	CHECK CATEGORIES <input type="checkbox"/> STOLEN <input type="checkbox"/> RECOVERED <input type="checkbox"/> IMPOUNDED <input type="checkbox"/> RECEIVED <input type="checkbox"/> SUSPECT'S VEHICLE <input type="checkbox"/> VICTIM'S VEHICLE <input type="checkbox"/> UNAUTH. USE <input type="checkbox"/> ABANDONED									
	NO.	<input type="checkbox"/> DAMAGE TO VEHICLE	LIC	LIS	LIV	LIT	VIN/OAN	*VALUE		
	VYR	VMA	VMO	VST	VCO TOP BOTTOM	<input type="checkbox"/> VEHICLE LOCKED	<input type="checkbox"/> KEYS IN VEHICLE	<input type="checkbox"/> HOLD VEHICLE	<input type="checkbox"/> RELEASE CONTENTS	
	VEHICLE ASSOC W/ SUSPECT #	VEHICLE ASSOC W/ VICTIM #	<input type="checkbox"/> VEHICLE TOWED	TOWED BY	OWNERSHIP VERIFIED BY:			<input type="checkbox"/> TAG RECEIPT	<input type="checkbox"/> TITLE	
	<input type="checkbox"/> STOLEN MOTOR VEHICLE ONLY	NO. STOLEN	AREA STOLEN:	<input type="checkbox"/> RESID.	ADDITIONAL DESCRIPTION					
	<input type="checkbox"/> BUSINESS		<input type="checkbox"/> RURAL							

PROPERTY	*TYPE PROPERTY LOSS (Enter Code Below) 1-NONE 2-BURNED 3-COUNTERFEITED/FORGED 4-DESTROYED/DAMAGED/MANDALIZED 5-STOLEN/ETC 6-SEIZED 7-RECOVERED 8-UNKNOWN P-PHOTO EVIDENCE TOTAL VALUE										
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MODEL		DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MODEL		DATE RECOVERED			

PROPERTY		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MODEL		DATE RECOVERED			
		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		
	VICT. NO	VEH. NO	MAKE/BRAND			MODEL		DATE RECOVERED			

- | | | | | | |
|-----------------------------------|----------------------------|---|---------------------------------|------------------------|---------------------------|
| PROPERTY CODES: | 10 Other Valuables | 22 Photographic Equipment | 72 Musical Instruments | VEHICLES | STRUCTURES |
| EXCHANGE MEDIUMS | PERSONAL EFFECTS | 23 Farm Equipment | 73 Portable Electronic Equip. | 35 Aircraft | 48 Single Occupancy |
| 01 Money | 11 Clothing/Furs | 24 Heavy Construction/Industrial | 74 Watercraft Equip./Parts/ACC. | 36 Automobiles | 47 Other Dwellings |
| 02 Credit/Debit Card | 12 Purses/Handbags/Wallets | 25 Building Supplies | 28 Other Equipment | 37 Bicycles | 48 Condo/Trailer/Bus |
| 03 Negotiable Instruments | 13 Other Personal Effects | 26 Tools | CONSUMABLE ITEMS | 38 Buses | 49 Indus./Mfg. |
| 04 Other Exchange Mediums | HOUSHOLD ITEMS | 27 Vehicle Parts/Accessories | 30 Alcohol | 39 Trucks | 50 Public/Comm. |
| DOCUMENTS | 14 Household Items | 57 Aircraft Parts/Accessories | 31 Drugs/Narcotics | 40 Trailers | 51 Storage |
| 05 Non-Negotiable Instruments | EQUIPMENT | 28 School Supplies | 32 Consumable Goods | 41 Watercraft | 52 Other Structure |
| 06 Personal Papers | 15 Drug/Narcotic Equip. | 59 Artists Supplies/Accessories | 60 Chemicals | 42 Recreational Veh. | OTHER |
| 62 Documents/Personal or Business | 16 Gas/Lighting Equipment | 69 Camping/Hunting/Fishing Equipment/Supplies | 61 Chemicals | 43 Other Motor Veh. | 53 Merchandise |
| 07 Other Documents | 17 Computer Hardware/Soft. | 67 Law Enforcement Equip. | 62 Chemicals | 44 Firearms | 54 Other Property |
| VALUABLES | 18 Office Equipment | 68 Lawn/Yard/Garden Equip. | 63 Explosives | 45 Other Weapons | 55 Pending Inventory |
| 08 Jewelry/Precious Metals | 19 Stereo TV Equipment | 69 Logging Equipment | 64 Fuel | 64 Firearm Accessories | 56 Identity/ID/Stamp/Seal |
| 09 Art Objects, Antiques | 20 Recordings - Audio Vis. | 70 Medical/Veterinary Lab Equip. | ANIMALS | | 71 Metals, Non-Precious |
| | 21 Sports Equipment | | 33 Livestock | | |
| | | | 34 Household Pets | | |

NARRATIVE

Officers were dispatched to the area of Burnett Pools on Elm Road reference to a car versus semi truck crash with unknown injury. Upon arrival, officers observed a Jeep into the rear of a loaded propane truck that was completely blocking the north and southbound lanes of Elm Road. Officers assisted the fire department and OSP as needed on scene. The road was cleared of the crash and opened back up. Officers cleared the scene and resumed patrol.

ADDITIONAL PERSONS SUPPLEMENT

INCIDENT NUMBER: 15-01-099

VICTIM		OFFENSE		INCIDENT DATETIME 01-31-2015 06:59		
PERSON	NO. 1	NAME (Last, First, Middle) OSP - OHIO STATE HIGHWAY PATROL		NAME TYPE O - OTHER		
	GENDER		RACE	AGE/ D.O.B	SSN	
	ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
	NO.		NAME (Last, First, Middle)		NAME TYPE	
PERSON	GENDER		RACE	AGE/ D.O.B	SSN	
	ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
	NO.		NAME (Last, First, Middle)		NAME TYPE	
	PERSON	GENDER		RACE	AGE/ D.O.B	SSN
ADDRESS (Street, Apt., City, State, Zip)				PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE		
<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		NAME TYPE		
PERSON		GENDER		RACE	AGE/ D.O.B	SSN
	ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
	NO.		NAME (Last, First, Middle)		NAME TYPE	
	PERSON	GENDER		RACE	AGE/ D.O.B	SSN
ADDRESS (Street, Apt., City, State, Zip)				PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE		
<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		NAME TYPE		
PERSON		GENDER		RACE	AGE/ D.O.B	SSN
	ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
	NO.		NAME (Last, First, Middle)		NAME TYPE	
	PERSON	GENDER		RACE	AGE/ D.O.B	SSN
ADDRESS (Street, Apt., City, State, Zip)				PHONE		
EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE		
<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER				
NO.		NAME (Last, First, Middle)		NAME TYPE		
PERSON		GENDER		RACE	AGE/ D.O.B	SSN
	ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	EMPLOYER NAME AND ADDRESS (Street, Apt., City, State, Zip)				PHONE	
	<input type="checkbox"/> STATEMENTS OBTAINED		TYPE <input type="checkbox"/> WRITTEN <input type="checkbox"/> ORAL <input type="checkbox"/> TAPED <input type="checkbox"/> OTHER			
	NO.		NAME (Last, First, Middle)		NAME TYPE	
	REPORTING OFFICER/ARRESTING OFFICER HERLINGER, CHRISTOPHER G.		BADGE NO. 1311	DATE 01-31-2015		
APPROVING OFFICER RENTZ, SHAWN P.		BADGE NO. 1322	DATE 02-01-2015			

ISPATCHED CALL SUMMARY Trumbull County 911 15-01-099 Printed: 01-31-2015 08:50:29

Call Summary Form containing fields for Call Number (#BAZ1500470), Agency (BAZ - BAZETTA TWP PD), Dispatched Date/Time (01-31-2015 06:55:11), Address (2488 ELM RD EXT NE, BAZETTA TWP), and various status codes.

PERSON NOTES: NOTE 01-31-2015 08:55:36 JSTAN DISP1 SEMI VS CAR LOCATION ALERT: 2488 ELM RD EXT NE, BAZETTA TWP - BUSINESS IS BURNETT POOLS INC // BUSINESS PHONE 330-372-4725 // EMERGENCY CONTACTS: (OWNER) ALAN BURNETT - 330-565-5106 // (OWNER) GARY BURNETT - 330-565-9305 // (OWNER) HOLLY HESS - 330-565-9306 // (OWNER) MYRA MAY - 330-565-9304 // ALARM SYSTEM - ADVANCED HOME & BUSINESS - 330-549-0174

AGENCY UNIT OFFICER table with columns for Dispatch, En Route, On Scene, Arrive, etc. Includes rows for BAZ and OSP units.

AGENCY UNIT table with columns for Agency, Unit, System, Date Created, and Rpt/Canc. Includes rows for BAZ and OSP units.

NIBRS,30901

VICTIM

OFFENSE

INCIDENT DATE/TIME
01-31-2015 06:59

1/31/2015 8:52 AM From: A Happy Fax/Telex User Fax Number: 330-676-2893 Page 2 of 3

SUPPLEMENTAL CALL DATA

Trumbull County 911 2 of 3

Printed: 01-31-2015 08:50:29

Call Number #BAZ1600470

AGENCY	UNIT	OFFICER	DISP	EN ROUTE	ON SCENE	PATIENT CONT	ENR TO HOSP	AT LOS	LEAVE HOSP	TRANS START	TRANS ARRIVE	TRANS COMPLET	RIN TO CRTS	AVRN SCENE	IN CRTS	CLEAR	MIN		
TCO	71																	07:21:28	18
BAZ	1538																	08:48:12	103
COR	626																	08:03:46	67
BAF	STAT1																	07:02:52	6
BAF	M13																	07:07:07	11
BAF	ODOT																	08:58:11	77
BAF	CH11																	08:38:11	100
BAF	M11																	08:38:11	100
BAF	R11																	08:38:41	99
BAF	M13																	07:45:27	27

NAME: BOWER, ROGER S
 ADDRESS: 175 E MAIN ST, CORTLAND, OH 44410
 DATE OF BIRTH: 10-23-1965
 DL STATE: OH
 DL # : RR301612
 SEX: M
 HEIGHT: 609
 WEIGHT: 201
 HAIR: BROWN
 EYES: BROWN
 PHONE 1:
 PHONE 2:
 CONTACT METHOD:

PERSON LOCATION NOTES

VEHICLE NOTES

YEAR	MAKE	MODEL	COLOR
2010	JEEP - JEEP		RED - RED
STATE	PLATE #	PLATE TYPE	EXPIRE DATE
OH	FEA3051	PC	
VIN	DISPOSITION	REGISTRATION TYPE	W/POUND #
1J4NT1GB9AD976610			

VEHICLE NOTES

YEAR	MAKE	MODEL	COLOR
1939	MISSI		
STATE	PLATE #	PLATE TYPE	EXPIRE DATE
OK	7538FV	TS	
VIN	DISPOSITION	REGISTRATION TYPE	W/POUND #
1M5P7SA26KH355927			

VEHICLE NOTES

Received Time Jan. 31. 2015 8:39AM No. 7301

NIBRS,30901

VICTIM

OFFENSE

INCIDENT DATE/TIME
01-31-2015 06:59

UPPLEMENTAL CALL NOTES

Trumbull County 911 3 of 3

Printed: 01-31-2015 08:50:29

Call Number #8AZ1500470

NOTE	01-31-2015 07:18:17	M DAVID	DISP7	11-110 ADV THEY ARE PUTTING WATER CURTAIN DOWN UNDER THE PROPANE TRUCK AS A PRECAUTION // REQ 1 MEMBER OF HAZMAT TEAM TO RESPOND
QUERY	01-31-2015 07:18:59	G BAKER	DISP6	REGISTRATION BY PLATE (FEA3051, OH, PC, 2015)
NOTE	01-31-2015 07:19:26	M DAVID	DISP7	77-102 WILL BE ENR
QUERY	01-31-2015 07:29:33	G BAKER	DISP6	REGISTRATION BY PLATE (7635FV, OK, PC, 2015)
NOTE	01-31-2015 07:40:32	M DAVID	DISP7	77-102 ON SCENE
NOTE	01-31-2015 08:28:27	G BAKER	DISP6	1311 ADV TO ADV 600 UNIT THAT'S AT MILLENNIUM TO LET THE GAS TRUCK THRU

Received Time Jan. 31. 2015 8:39AM No. 7901

NIBRS,30901

Vienna, Ohio 44478

Phone 330-675-6602 Fax 330-675-2667

Date: 1-31-2015 Incident: BAZ# 15-0088 Location: 2482 STATE ROUTE 5
Fire Dept.: BAZ# Phone: 2 Fax: 330-638-4136

+++++
+++++

TRUCKING COMPANY INVOLVED

Company Name: _____
Address: _____ City: _____
State: _____ Zip: _____ Phone: _____ Fax: _____
Company Contact: _____ Authoring Person: _____

+++++
+++++

SEE OSP
Report

DRIVER INFORMATION

VIN# 1M9PT9A25XH
355927

Driver: _____ License # _____ State: _____
Tractor # _____ State: _____ Trailer # 7638FV State: OK

+++++
+++++

MATERIALS

Material Involved: Liquefied Petroleum Gas
UN #: 1075 Shipping Company: _____
Shipped from: _____ Shipped to: _____

+++++
+++++

FIRE DEPARTMENT PERSONNEL / EQUIPMENT SUB TOTAL \$ 540.00
Other materials used in clean-up _____

.....

BILLING APPROVAL

FIRE CHIEF: [Signature] DATE: 2-10-2015
HAZMAT OFFICER: _____ DATE: _____

ABOVE INFORMATION IS MANDATORY FOR BILLING PURPOSES

FIRE DEPARTMENT / HAZMAT / LAW ENFORCEMENT



FIRE Dept

230 CLEVELAND
23371 AURORA ROAD, SUITE D
BEDFORD HEIGHTS, OH 44146

1750 07:23
440-374-5211

BATCH: 2180247 CONTROL: 24.1 S0581390408

SO
CI
TY

CUST# 307106 330-637-5463
BAZETTA TWP ROAD DEPT
3372 STATE ROUTE 5
CORTLAND, OH 44410

SH
IP
TO

LOC# 290189 330-637-5463
BAZETTA TWP ROAD DEPT
3372 STATE ROUTE 5
CORTLAND, OH 44410

INVOICE NO.
S058139040
INVOICE DATE
26-MAR-15

ROUTE:447E SEQ:24.1 PAGE: 1

PLEASE DELIVER TO*****
HOVIS TIRE 2958 STATE ROUTE 5
CORTLAND, OH 44410 *****

WHOLESALE CUSTOMER			TERMS: NET 10th PROX			TERM CODE					
JUST. ORDER NO. SQUAD		SALESMAN NO.: 225060		NAME: RICH, MICHAEL FRANCIS		OUR ORDER NO.	VIA ATD Route				
QTY. ORD.	QTY. SHIP.	PRODUCT CODE	SIZE	DESCRIPTION	BILLING PRICE	EXCISE TAX	AMOUNT				
6	6	100093775	LT225/75R16/10 115/112R	BFG COMMERCIAL T/A AS2 [*93775*] (CONTRACT# 1100926 FET# STATE AGENCY)	138.33	0.00	829.98				
PICK TICKETS: 70599064-JCLINE Remit To: American Tire Distributors PO Box 889 Huntersville, NC 28070 ** All returned checks will result in a \$20.00 service charge. ** REMINDER, LAW REQUIRES DOT REGISTRATION OF ALL TIRES.											
MERCHANDISE AMOUNT	+	EXCISE TAX	+	DISPOSAL FEE XXXXXXXXXX	+	SALES TAX	+	LABOR	=	PAY THIS AMOUNT	829.98
829.98		0.00		0.00		0.00					
Return product subject to 10% restocking fee. Drivers are not authorized to pick up returned products without a valid returned authorization form. Discontinued products are not eligible for return.				Invoices due NET on the 10th of the month. A Service Charge of 1 1/2% (18% annually) or the maximum allowable rate under the law will be charged on all past due accounts.				RETURNS%: 0.0		Paid By: <u>Cash</u> <u>Check</u> ROA Amount	
CONTROL NUMBER 10750833		CUSTOMER COPY		CUSTOMER SIGNATURE 			PRINT NAME		TIME OF DELIVERY		



PLEASE DIRECT INQUIRIES TO YOUR LOCAL DISTRIBUTION CENTER
STATEMENT

23675 0326 001123 001269 001 OF 001 0
BAZETTA TWP ROAD DEPT
3372 STATE ROUTE 5
CORTLAND OH 44410

ACCOUNT NUMBER	307106	STATEMENT DATE	03/25/2015
LOCATION NUMBER	290189	DUE DATE	04/10/2015
INTEREST ACCRUES AFTER THIS DATE			

Page 1 of 1

ACCOUNT NO.	307106
LOCATION NUMBER	290189
STATEMENT DATE	03/25/2015

Page 1 of 1

INVOICE NUMBER	DATE	TRANS ABBR	DUE DATE	AMOUNT	INVOICE BALANCE	AGE CODE
S057915806	03/20/15	CHG	04/10/15	620.64	620.64	1
S058031831	03/24/15	CHG	04/10/15	597.40	597.40	1
S058053208	03/24/15	CM	04/10/15	-620.64	-620.64	1

INVOICE NUMBER	AMOUNT	AGE CODE
S057915806	620.64	1
S058031831	597.40	1
S058053208	-620.64	1

1. CURRENT	2. 1-30 DAYS	3. 31-60 DAYS	4. 61-90 DAYS	5. 90 DAYS AND OVER
597.40	0.00	0.00	0.00	0.00
6. FUTURE DUE			TOTAL BALANCE	
0.00			597.40	

PAY THIS AMOUNT	597.40
-----------------	--------

A SERVICE CHARGE OF 1 1/2% (18% ANNUALLY) WILL BE CHARGED ON STATEMENT BALANCE DUE NOT PAID BY DUE DATE, OR THE MAXIMUM ALLOWABLE RATE UNDER THE LAW.

CHARGES AFTER THE STATEMENT DATE WILL APPEAR NEXT MONTH.

CUSTOMER COPY

REMITTANCE STUB

23675 0326 001123 001269 001 OF 001 0
BAZETTA TWP ROAD DEPT
3372 STATE ROUTE 5
CORTLAND OH 44410



TO: American Tire Distributors
Payment Processing Center
P. O. Box 889
Huntersville, NC 28070-0889

TO ENSURE PROPER CREDIT, PLEASE RETURN THIS STUB WITH YOUR CHECK.





March 2015 Bazetta Police Department Activity

Published Date: April 3, 2015

Activity	Total
Calls for Service	491
Incident Reports Filed	117
Traffic Crash Investigations	9
Number of Persons Arrested	54
Traffic Offenses	81
Traffic Citations Issued	73
Vehicle Miles Traveled	10,909.10
Office Contacts	194

Numbers are subject to change due to report status and other circumstances



Bazetta Township Police Department Yearly Comparison Report 2014 - 2015

2014

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Calls for Service	476	396	554	568	668	726	696	713	563	526	531	474	6891
Incidents Filed	119	93	104	140	149	134	106	124	106	103	121	105	1404
Traffic Crash Investigations	12	17	13	13	17	13	12	6	15	17	24	10	169
Number of Persons Arrested	48	38	34	57	68	62	32	51	48	42	67	43	590
Traffic Offenses	74	56	84	128	97	103	47	68	94	73	68	49	941
Miles Traveled	13,053.8	11,052.6	14,376	12,716.38	12,695.2	12,640	12,102	12,654.8	13,422	13,466.6	11,395.20	11,275.90	150,850.48

2015

	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Total
Calls for Service	423	440	491										1354
Incidents Filed	100	97	117										314
Traffic Crash Investigations	18	14	9										41
Number of Persons Arrested	42	38	54										134
Traffic Offenses	58	27	81										166
Miles Traveled	11,116.1	9,326.80	10,909.1										31,352

*Some Statistics may have been updated

** Numbers published as of April 3, 2015 subject to change

**Numbers updated on April 3, 2015

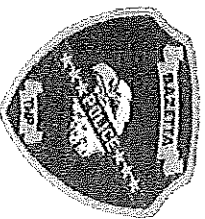
**COS Stats provided by the 911 center may not reflect actual #'s

Bazetta Township Police Department

Year to Date Analysis January to March 2014 Comparison to January to March 2015

Chief of Police Michael J Hovis

Sgt. Christopher G. Herlinger



	January to March 2014	January to March 2015	↑↓Percentage Difference from 2014 to 2015
Calls for Service	1426	1354	-5.05%
Incidents Filed	316	314	-.633%
Traffic Crash Investigations	42	41	-2.381%
Number of Persons Arrested	120	134	11.66%
Traffic Offenses	214	166	-22.43%
Miles Traveled	38,482.4	31,352	-18.523%

Numbers published as of April 2015 – subject to change Numbers updated on 4/3/2015

Police Agenda

Thu 4/2/2015 9:26 AM

From: Michael Hovis

To: rdrew@bazettatwp.org

Cc: fparke@bazettatwp.org



Rita,

The agenda for the police department from Monday April 6, 2015 meeting is as follows:

1. To accept the resignation of part-time patrolman Justin R. O'Rourke effective immediately (attached).
2. To sell from the impound lot a 2002 Yamaha ATV Vin#JY4AM02Y82C003966
3. To pass a resolution for two (2) bills for HAZ-Mat reimbursements (Resolutions and Bills Attached).

Please and thank you in advance!!!

Michael J. Hovis, Chief of Police

Bazetta Township Police Department

2671 McCleary Jacoby Rd.

Cortland, Ohio 44410

PH:330-638-5503

Fax: 330-638-9927

mhovis@bazettatwp.org

Justin O'Rourke
Patrolmen - #1331
Bazetta Township Police Department
2671 Mcleary Jacoby Road
Cortland, Ohio 44410

Dear Chief Hovis & Bazetta Trustees,

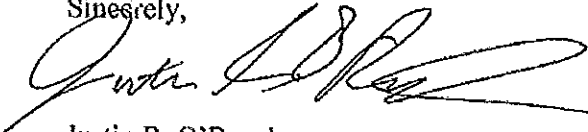
04-1-2015

This letter is to inform you that I will be resigning my commission with the Bazetta Township Police Department effective immediately.

Thank you for the opportunities for professional and personal development that you have provided me during my time with the department. I have enjoyed working for the agency and appreciate the support provided to me during my employment.

If I can be of any help during this transition, please let me know. Also, let me know when you would like for me to turn in my equipment that was issued and I will make myself available.

Sincerely,

A handwritten signature in black ink, appearing to read "Justin R. O'Rourke", written in a cursive style.

Justin R. O'Rourke

BAZETTA TOWNSHIP POLICE DEPARTMENT

2671 McCleary-Jacoby Rd. Cortland, Ohio 44410, 330-638-5503, Fax 330-638-9927

Michael J. Hovis, Chief of Police

Sgt. Christopher G. Herlinger



April 1, 2015

To Whom it may concern,

The Bazetta Township Police Department provided an emergency response for a HAZMAT incident that occurred on July 28, 2014 at 2015 Walmart Drive, Cortland, Ohio 44410. The determined cost incurred by Bazetta Township is determined to be \$335.00 of which the Township is requesting reimbursement.

Professionally,

Michael J. Hovis, Chief of Police
Bazetta Township Police Department
2671 McCleary Jacoby Road
Cortland, Ohio 44410
Ph: 330-638-5503
Fax: 330-638-9927
Email: mhovis@bazettatwp.org
Website: bazettatwp.org

A RESOLUTION CERTIFYING THE POLICE DEPARTMENT'S COSTS AND REQUESTING THE TRUMBULL COUNTY PROSECUTING ATTORNEY TO FILE A CIVIL ACTION FOR THE RECOVERY OF THOSE COSTS IN ACCORDANCE WITH R.C. 3745.13(A)

WHEREAS, the Bazetta Township Board of Trustees ("Trustees") met in regular session, pursuant to proper notice, on April 6, 2015, at 7:00 p.m., at Bazetta Township Administration Building with the following members present:

Trustee Webb Trustee Parke Trustee Hovis;

and

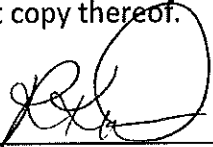
WHEREAS, on July 28, 2014, the Bazetta Township Police Department ("Police Department") provided an emergency response to an unauthorized spill, release, discharge, or contamination of material into or upon the environment located at 2015 Walmart Drive; and

WHEREAS, in responding to the aforementioned emergency situation, the Police Department incurred necessary and reasonable, additional, or extraordinary costs in the investigating, mitigating, minimizing, removing, or abating the spill, release, discharge, or contamination; and

WHEREAS, the Police Department's Chief has certified the Police Department's costs in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination in the attached invoice, which is attached to this Resolution as Exhibit A; and

WHEREAS, the Police Department's Chief has recommended that the Trustees certify the Police Department's costs, as set forth in Exhibit A, to the Trumbull County Prosecuting Attorney ("Prosecuting Attorney"), and request that the Prosecuting Attorney bring a civil action for the recovery of those costs against the person(s) responsible for the unauthorized spill, release, discharge, or contamination, in accordance with R.C. 3745.13(A).

I, Rita K. Drew, Fiscal Officer of the Bazetta
Township Board of Trustees, in whose custody and control the files and records of such Board
are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing
Resolution is taken and copied from the original Resolution, and that the same is a true and
correct copy thereof.



Date: 04-06-15

Fiscal Officer

BAZETTA TOWNSHIP POLICE DEPARTMENT

2671 McCleary-Jacoby Rd. Cortland, Ohio 44410, 330- 638-5503, Fax 330- 638-9927

Michael J. Hovis- Chief of Police

Sgt. Christopher G. Herlinger



April 1, 2015

To Whom it may concern,

The Bazetta Township Police Department provided an emergency response for a HAZMAT Incident that occurred on January 31, 2014 at State Route 5 (Elm Road) Cortland, Ohio 44410. The determined cost incurred by Bazetta Township is determined to be \$201.00 of which the Township is requesting reimbursement.

Professionally,

Michael J. Hovis, Chief of Police
Bazetta Township Police Department
2671 McCleary Jacoby Road
Cortland, Ohio 44410
Ph: 330-638-5503
Fax: 330-638-9927
Email: mhovis@bazettatwp.org
Website: bazettatwp.org

A RESOLUTION CERTIFYING THE POLICE DEPARTMENT'S COSTS AND REQUESTING THE TRUMBULL COUNTY PROSECUTING ATTORNEY TO FILE A CIVIL ACTION FOR THE RECOVERY OF THOSE COSTS IN ACCORDANCE WITH R.C. 3745.13(A)

WHEREAS, the Bazetta Township Board of Trustees ("Trustees") met in regular session, pursuant to proper notice, on April 6, 2015, at 7:00 p.m., at Bazetta Township Administration Building, with the following members present:

Trustee Webb, Trustee Parke, Trustee Hovis;

and

WHEREAS, on January 31, 2015, the Bazetta Township Police Department ("Police Department") provided an emergency response to an unauthorized spill, release, discharge, or contamination of material into or upon the environment located at State Route 5 (Elm Road); and

WHEREAS, in responding to the aforementioned emergency situation, the Police Department incurred necessary and reasonable, additional, or extraordinary costs in the investigating, mitigating, minimizing, removing, or abating the spill, release, discharge, or contamination; and

WHEREAS, the Police Department's Chief has certified the Police Department's costs in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination in the attached Invoice, which is attached to this Resolution as Exhibit A; and

WHEREAS, the Police Department's Chief has recommended that the Trustees certify the Police Department's costs, as set forth in Exhibit A, to the Trumbull County Prosecuting Attorney ("Prosecuting Attorney"), and request that the Prosecuting Attorney bring a civil action for the recovery of those costs against the person(s) responsible for the unauthorized spill, release, discharge, or contamination, in accordance with R.C. 3745.13(A).

NOW, THEREFORE, BE IT RESOLVED BY THE Bazetta
TOWNSHIP BOARD OF TRUSTEES THAT:

Section 1. Pursuant to the recommendation of the Police Department's Chief, and upon review and consideration of the same, the Trustees determine and certify that the costs set forth in Exhibit A have been incurred by the Police Department in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination. Accordingly, a certified copy of this Resolution and a certified copy of Exhibit A shall be sent to the Prosecuting Attorney upon the adoption of the same.

Section 2. Pursuant to the recommendation of the Police Department's Chief, the Trustees request that the Prosecuting Attorney bring a civil action for the recovery of the Police Department's costs, as set forth in Exhibit A, in investigating, mitigating, minimizing, removing, or abating the referenced spill, release, discharge, or contamination, against the person(s) responsible for the unauthorized spill, release, discharge, or contamination, in accordance with R.C. 3745.13 (A).

Trustee Parke moved for adoption of the Resolution, and the motion was seconded by Trustee Harris. The roll was called in the question of adoption in the following result:

Member: Parke, Harris & Webb Vote: Yea-Nay-Absent

Adopted: April 6, 2015

[Signature]
Trustee

[Signature]
Trustee

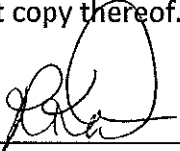
[Signature]
Trustee

STATE OF OHIO }
 }
COUNTY OF TRUMBULL }

ss:

CERTIFICATE OF THE
FISCAL OFFICER

I, Rita K. Drew, Fiscal Officer of the Bazetta
Township Board of Trustees, in whose custody and control the files and records of such Board
are required by the laws of the State of Ohio to be kept, do hereby certify that the foregoing
Resolution is taken and copied from the original Resolution, and that the same is a true and
correct copy thereof.



Date: 04-06-15

Fiscal Officer

BAZETTA TOWNSHIP PARK BOARD MEETING

January 6, 2015 7pm

In attendance: Frankie Parke, Rob Giering, Ted Webb, Arnie Roman, Steve Belcher, Karin Hudson

Meeting was called to order at 7:05pm

- Steve made a motion for this year's annual park fundraiser proceeds to go to Cortland Cares as their funding is low. This money would help feed many families in the Lakeview School District
 - He feels that this year the board would not be required to clean up with the extra help of church members and Cortland Cares Volunteers who come to show their support for the event.
 - He wants to have two bands, he has the venue for April 18 already in place
 - He will attend a Cortland Park Board meeting to see if they would like partner with us for a successful event
- Rob provided the motion and the board unanimously voted to allow the funds to go to Cortland Cares this year
- Carol Brayden left money in her estate to be used to buy trees and benches in the park; details to follow
- It was brought to the boards' attention that positions need to be filled on the board and the trustees need to be made aware of whom those people will be. This will take place once all members are present
- Rob mentioned his daughter would like to be on the park board. She recently bought a home in Bazetta Twp and is interested in participating. He will provide a letter of intent at the next meeting

Next meeting Jan 22, 2015 at 7pm

Meeting adjourned at 8:25pm

Respectfully Submitted by Karin Hudson

BAZETTA TOWNSHIP PARK BOARD MEETING

January 22, 2015 at 7pm

CANCELLED

BAZETTA TOWNSHIP PARK BOARD MEETING

March 19, 2015 6pm

In attendance: Eleanor Governor, Ron Jones , Arnie Roman, Rob Giering, Ted Webb, Karin Hudson.
(Steve Belcher called in at the start of the meeting and was heard via speaker phone and then showed up a bit later due to a back injury that day.)

Meeting was called to order at 6pm

- Ted informed the board that the Trustees state we must meet the third Thursday of each month at 7pm
- A vote was taken to bring Meghan Giering onto the Park Board. Arnie provided the first motion and the board voted unanimously to accept Ms. Giering's letter of intent that was presented by Rob.
- Carol Brayden's estate is ready to buy the trees and park bench for the park. Her daughter, Darla, has specified that three trees and one park bench will be paid for by Carol's estate. It was mentioned that maybe instead of a park bench a picnic table can be bought. Ted had price quotes and a brochure on these items and they are concrete, this is heavy enough so no one walks off with them and they require very little maintenance. The thought is to plant one of the trees by the park bench and surround it with mulch. One bench would be \$100 however Arnie believes he can get it a bit cheaper so he will make a few calls and then get back to the board. Steve does not like the idea of a concrete bench; He feels it isn't very inviting.
- Steve brought up the annual fundraiser and some issues he is encountering with The Cortland Cares Director and some members of the community. There is concern we would not have the support needed to have a successful event.
 - Many of the ministries that Steve has approached are not giving their support.
 - Few donations have come in and with only 28 days until the event, most members of the board felt it was not something to move forward with this year.
 - Some Bazetta Residence have shared with board members that they don't understand why Bazetta Park Board is doing an event for Cortland. This brought many concerns about community support into the discussion.
 - Ticket Sales are a big concern; if no community support then who will buy tickets and attend the event.
 - Steve left the conversation due to back pain
 - The majority of the board feels it is too late for a fundraiser this year and talk lead to using time and efforts into park updates instead of holding a fundraiser.
- A motion was made to cancel the fundraiser for this year; Ron provided the first motion and the board voted unanimously to cancel this year's annual fundraiser regardless of where the proceeds were to go.
- Rob mentioned that the park entrance needs some cosmetic work.

- There is a dead tree at the entrance and we need new mulch.
 - Karin would like the flag replaced as it is tore up from the bad winter.
 - Arnie feels a good portion of the park needs work
 - Eleanor questioned where the money from shelter rentals goes. This brought the topic of the General Funds and how much money is there and how we can use it to do updates to the park. Most of these updates are cosmetic but necessary.
- March 28, 2015 will be the Easter Egg Hunt at the Park. There will not be as much advertisement to avoid non-Cortland residents from attending. The school sent home a flyer and the hope is this will tame the large amount of people like years past. Board members are not required to attend but are certainly welcome to greet families.
- Steve arrived to the meeting and the topic of the fundraiser came back to the table.
 - He requested that the board resend their vote about canceling the fundraiser
 - He feels very strongly that there is plenty of time to organize the event
 - There seems to be some concerns as to the running of Cortland Cares and when the Pantry changed hands some volunteers left and policy seemed to be different.
 - He states the worry over the lack of money that Cortland Cares has is a real concern and he thinks this fundraiser could be a real benefit to the community.
 - He expressed to the board why he was asking us to overturn our recent vote about canceling the fundraiser and moving forward with it knowing we would have little support from the community and would have to do more of the work ourselves. He is certain he can pull it off. Arnie and Eleanor stated they have some medical issues right now, Rob is uncertain if he will still be living in Ohio and Karin will be out of town the weekend of the event. Leaving Steve and Ron the day of the fundraiser.
 - He then requested two weeks to see how much work he could accomplish before we vote again
 - He only asked for Karin to approach Covelli Enterprises about a donation during those two weeks.
 - Again, he requested the board to overturn their motion. Sharing he has the venue, food, band and tickets will be printed Wednesday.
 - Ted shared that he did not have concerns about Steve being able to pull off the required amount of work in 28 days, however the concern about the community not supporting the event is a major worry.
 - Voting on over turning the motion was tabled until the next meeting, March 26 at 6pm, at that time Steve will have tried to accomplish a great deal of leg work for the event.

Next meeting will be held March 26, 2015 at 6pm

Meeting adjourned at 7:50pm.

Respectfully Submitted by Karin Hudson

BAZETTA TOWNSHIP PARK BOARD MEETING

March 26, 2015 6pm

In Attendance: Ted Webb, Arnie Roman, Karin Hudson

Meeting was called to order at 6pm

- Purpose of the meeting was for Steve to share with the board what he has accomplished for the April 18 fundraiser since last week.
- Arnie presented a booklet with a different type of material for park benches instead of the cement bench from Carol Brayden's estate, they thought was it would be more comfortable. Ted would like to keep continuity in the park with the park benches. He has not yet spoken to Carol's daughter about specifics with the bench. This was tabled until there was a forum present and the board can vote on which bench they would like to see in the park and then Carol's Estate will be informed.
- Discussion was had about the Bazetta Park Fundraiser proceeds benefiting the park and not a local charity. Many community members are approaching board members asking why Bazetta Park is sponsoring Cortland Cares. The division of the community seems to be a major concern for this event.
- With not enough members in attendance to vote, last week's vote stands and there will be no April fundraiser this year to sponsor Cortland Cares or the Bazetta Park.

Next meeting will be held on April 16, 2015 at 7pm

Meeting adjourned at 6:40pm

Respectfully Submitted by Karin Hudson