

BAZETTA TOWNSHIP TRUSTEES REGULAR MEETING MINUTES

Date: September 26, 2016 at 6:00pm
Bazetta Township Administration Building
3372 State Route 5
Cortland, Ohio 44410

Present:

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

- Trustee Parke reminded the assemblage of the Public Comment procedures

227-16 To accept the minutes from the September 12 Regular and September 19 Special Meetings.

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

228-16 To authorize the Fiscal Officer to pay all outstanding invoices incurred and approve all warrants issued.

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

229-16 To authorize the Fiscal Officer to make the following transfers.

\$1,056.00 from 10-A-08 (Fire: Tools & Equipment) to 10-A-03 (Fire: Workmen's Compensation)
\$2.16 from 07-A-01B (Timber Creek Heights Lighting Assessment: Contracts) to 07-A-02B (TCHLA: Other)
\$6.12 from 07-A-02A (Morrow/Williams Lighting Assessment: Other) to 07-A-01A (M/WLA: Contracts)
\$5.92 from 04-A-15 (Road & Bridge: Auditor/Treasurer Fees) to 04-B-04 (Road & Bridge: Other)

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

230-16 To authorize an expenditure of \$2,400.00 to Tartan Benefit Services for Workers' Compensation Annual Services, to be paid proportionally from the General, Road & Bridge, Cemetery, Police, and Fire Funds.

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

Correspondence (Copies available upon request):

- Copy of a permit to haul or move overweight equipment from Trumbull County Engineer to Trumbull County Commissioners
- Letter of resignation from Firefighter Nicolas Wildman
- Thank you letter from Alliance for Substance Abuse Prevention

Administration:

- Fiscal Officer Drew noted that the next meeting will be Tuesday, October 11 rather than Monday, October 10 since that is Columbus Day and the Administration Building will be closed
- Trustee Parke said McCleary Jacoby Road has settled down really well
- Trustee Webb said Mr. Shortreed has asked if he can use the Administration Building and Parking Lot on November 11 for a fund raising event for the Cortland Area Cares

Fire Department:

- See Attached Agenda
- Chief Lewis
 - Conveyed a story from a very thankful resident
 - Board Resolution #232-16 allows for civil action to be taken if the person involved does not pay for the costs of the HazMat call

231-16 To authorize an expenditure of \$1,765.00 to PTNE, Inc. for set up and installation of 5 telephones with power bricks at the new fire station, to be paid from the Fire Fund.

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

232-16 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 R.C. 3745.13(A)*.

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

233-16 To authorize an expenditure not to exceed \$2,000.00 to Alert-All Corporation for Fire Prevention Week supplies, to be paid from the Fire Fund.

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

Police Department:

- See Attached Agenda

234-16 To adopt the attached *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)*.

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

235-16 To authorize Chief Hovis to sell the following vehicle obtained via the Police Department Impound Lot, at a sale price not to exceed \$2,500 per ORC §4513.61.

2001 Ford Taurus (VIN 9521)
2001 Pontiac Grand Am (VIN 3988)

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

Road Department:

- Nothing to report

Planning Director, Zoning Inspector & Code Enforcement Officer:

- Nothing to report

Zoning Commission & Zoning Board of Appeals:

- Trustee Webb said the next Quarterly Meeting will be October 5 at 6:30pm

Parks & Recreation Board:

- Nothing to report

Safety Committee:

- Nothing to report

Health Insurance Committee:

- Nothing to report

Public Information Officer:

- Officer Sayers
 - Discussed changes he made to his presentation
 - Said he will be forwarding the presentation to IT Specialist Davis to put on the website

Asked to be placed on the Agenda:

- None

Public Comment:

- None

236-16 To adjourn the meeting at 6:24pm.

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



 Attested by: Fiscal Officer Rita K. Drew

Dated: 09-27-16



 Approved by: Vice Chairman Trustee Ted Webb

Dated: 10/11/16

PENDING WARRANT REPORT
Bazetta Township [2016]

Warrant Number	Warrant Amount	Voucher Number	Payee	Purpose
28213	3300.00	VW28213	Alexander's Pest Control, Inc.	Mosquito Spray - Grant
28214	21.90	VW28214	AT&T Mobility	Service
28215	3584.53	VW28215	Business Card	Supplies, Etc.
28216	3412.69	VW28216	BE Solutions	Claims Runs
28217	164.81	VW28217	City of Warren, Utility Services	Service
28218	9203.00	VW28218	Cortland Computer, Inc.	Computers & Equipment
28219	1506.94	VW28219	Delta Dental	Insurance
28220	131.62	VW28220	Kauffman Tire/Cleveland	Supplies
28221	209566.71	VW28221	PO Box 449	Contracted work through Au
28222	1755.28	VW28222	Ohio Edison	Service
28223	50.00	VW28223	Ohio Association of Public Treasurers	Membership Dues
28224	16658.61	VW28224	Ohio Insurance Services Agency	Insurance
28225	150.00	VW28225	Ohio Association of Public Treasurers	Registration
28226	1028.39	VW28226	Ohio Edison	Service
28227	80.18	VW28227	Protect-N-Shred Inc.	Service
28228	49.32	VW28228	Ricoh USA, Inc.	Service/Supplies
28229	160.00	VW28229	Red's Auto Glass	Supplies/Service
28230	800.00	VW28230	Schultz Towing, Inc.	Impound Lot Fees
28231	324.80	VW28231	Standard Insurance Company RD	Insurance
28232	571.25	VW28232	Southeastern Emergency Equipment	Supplies
28233	5.50	VW28233	Joseph A. Sofchek	Travel Reimbursement
28234	65.97	VW28234	Tractor Supply Credit Plan	Supplies
28235	88.74	VW28235	Time Warner Cable-Northeast	Service
28236	1105.00	VW28236	Mark Thorn	Service
28237	341.55	VW28237	Trumbull County Engineer	Cold Mix
28238	3208.88	VW28238	Trumbull County 911	911 Service
28239	1875.84	VW28239	Trumbull County Engineer	Chip Sealing
28240	50.00	VW28240	Treasurer State of Ohio	Service
28241	498.96	VW28241	Vision Service Plan-(OH)	Insurance
28242	190.00	VW28242	Vic's Sports Center	Service/Parts
28243	531.95	VW28243	Warren Fire Equipment, Inc.	PAYMENT
28244	285.00	VW28244	Youngstown/Warren Regional Chamber	Annual Membership Dues
=====				
	260767.42		Total Amount of Pending Warrants	

Fire Department Agenda

Thu 9/22/2016 11:46 AM

From: "Dennis Lewis, OFE, OFC"

To: "Trustee"

Cc: "Rita K. Drew"



Trustee Hovis, Trustee Parke, trustee Webb,

Attached is the items that I am requesting to be placed on the September 29, 2016 regular Trustee Meeting Agenda.

1. To certify the Fire Department's cost and request the Trumbull County Prosecuting Attorney to file Civil Action for Recovery of those costs in accordance with ORC 3745.13 (A) for a hazardous materials incident that occurred on August 29, 2016 at State Route 5 East to Perkins Jones Road. Documents attached.
2. To authorize an expenditure not to exceed \$2,000.00 to Alert-All Corporation for Fire Prevention Week Supplies, to be paid from the Fire Fund.

Professionally,

Dennis K. Lewis, OFE, OFC
Fire Chief

Bazetta Township
773 Everett-Hull Road
Cortland, OH 44410
330-637-4136 (phone)
330-638-5382 (phone)
330-638-4193 (fax)
dlewis@bazettatwp.org

Attachments:

- 2016_09_22_15_23_161.png
- 2016_09_22_15_28_362.png
- state route 5 east and perkins jones rd.pdf

Joel Davis

From: Matt Mineo [Matt@PerigeeDelivers.com]
Sent: Tuesday, September 13, 2016 12:46 PM
To: jdavis@bazettatwp.org
Subject: Phones

Joel
Per your request.
The cost of the additional 5 phones with power bricks is \$1465. That will include the initial setup and creating the new extensions.
These are IP phones still but they no longer make the ones you currently have.

The phone system will require a software upgrade, this will allow the newer phones to work.

If we can do this during hours...the phone system will have to be shut down to do this...The cost will be \$300.
If we have to do it off hours the cost will be \$427.50

Please let me know if you have any questions.

Matt

NEEDS to be on Agenda
ON 9/26/16

(5) NEW Phones for Fire
Station

PTNE

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 September 26, 2016 at 1800 p.m., at

Bazetta Township Administration Building, with the following members present:

Trustee Webb Trustee Parke Trustee Hovis; and

WHEREAS, on August 29, 2016, 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

State Route 5 East to Perkins Jones Road; and

WHEREAS, in responding to the aforementioned emergency situation, the Fire 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 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).

16-0742

Page 1 of 2

Printed: 08-29-2016 15:37:56

DISPATCHED CALL SUMMARY

CALL INFORMATION	CALL NUMBER #BAF1600746		NATURE CODE C4F - CRASH WITH REPORTED INJURIES												
	AGENCY BAF - BAZETTA TWP FD		GROUP					RESPONSE CODE C4							
	TIME 08-29-2016 12:09:56	CALL TAKER	CALL TAKER WORKSTATION DISP5			CLASS OF SERVICE E		OOJ FALSE							
	DISPATCHED DATE/TIME 08-29-2016 12:11:57	DISPATCHER	DISPATCHER WORKSTATION DISP7			ORIGIN CODE W911 - WIRELESS 911									
	CLEARED DATE/TIME 08-29-2016 15:36:00	CLEARED USER JRICHRMOND	CLEARED WORKSTATION DISP7			PRIORITY 1 - 1 PRIORITY 1									
CANCELLED DATE/TIME	CANCELLED USER	CANCELLED WORKSTATION			CALL STATUS RPT - REPORT TAKEN										
LOCATION	ADDRESS ST RTE 5 E TO PERKINS JONES RD/PERKINS JONES RD TO ST RTE 5 E, BAZETTA TWP										LOCATIONS				
	CROSS STREET 1										CROSS STREET 2				
	ESN 826		GEO CODE	DOT #	MAP PAGE	HYDRANT	LATITUDE 41.2763210276486		LONGITUDE -80.80171786671						
	POLICE ATOM 1300		POLICE AREA 1300	POLICE ZONE		PD JURISDICTION BAZETTA									
RESPONSES	FIRE RESPONSE AREA 1111		STATION STA11	FD JURISDICTION BAZETTA		RESPONSE C4		LEVEL 1							
	EAS 1199		METHOD			EPD	EFD	EMD							
	PERSON INFORMATION										PERSON NOTES				
PERSON	NAME					TYPE C		ORIGIN CODE W911 - WIRELESS 911							
	ADDRESS					PHONE 1		216-978-9451							
	DATE OF BIRTH	SSN	SEX	HEIGHT	HAIR	PHONE 2									
	DL STATE	DL #	RACE	WEIGHT	EYES	CONTACT METHOD									
	PERSON LOCATION NOTES														
CALL DESCRIPTION	NOTE 08-29-2016 12:11:37 TWATSON DISP5 2 SEMIS - ONE W/A FUEL LEAK - NO INJ. 100 GALLON TANK FILLED														
	NOTE 08-29-2016 12:12:42 TWATSON DISP5 ON PERKIN JONES'														
	NOTE 08-29-2016 12:16:03 TWATSON DISP5 SEMI VS TRUCK														
	NOTE 08-29-2016 12:16:15 TWATSON DISP5 C11 HAS COMMAND - HEAVY FUEL LEAKAGE														
	NOTE 08-29-2016 12:16:38 TWATSON DISP5 C11 -- REQ HAZMAT 75 GALLONS														
	NOTE 08-29-2016 12:17:34 TWATSON DISP5 NO INJ														
	NOTE 08-29-2016 12:19:40 TWATSON DISP5 HAZMAT TONES														
	NOTE 08-29-2016 12:20:10 TWATSON DISP5 77103 - ENRT STATION														
	NOTE 08-29-2016 12:23:12 TWATSON DISP5 OSP ETA - COMING FROM 82/11														
	NOTE 08-29-2016 12:34:29 RMAKOVIC DISP7 COMMAND ADV CONTACT EPA TO COME TO THE SCENE // APPROX 100 GAL OF FUEL														
	NOTE 08-29-2016 12:35:07 RMAKOVIC DISP7 PS TO EPA														
	NOTE 08-29-2016 12:39:26 RMAKOVIC DISP7 EPA ADV														
	NOTE 08-29-2016 12:39:43 RMAKOVIC DISP7 COMMAND ADV LEAKAGE CONTAINED IN A DROP POOL														
	NOTE 08-29-2016 13:37:37 RMAKOVIC DISP7 77103 ADV EPA ON SCENE														
	NOTE 08-29-2016 13:47:50 TALBERINI DISP4 NO FURTHER CHECKS														
NOTE 08-29-2016 13:59:26 JRICHRMON DISP7 ACTUAL LOCATION OF THIS IS ST RTE 5 EB OFF RAMP TO LARCHMONT															
NOTE 08-29-2016 14:10:44 JRICHRMON DISP7 SPILL 77 CLEAR															
NOTE 08-29-2016 14:17:44 TALBERINI DISP4 1337 - ODOT BROUGHT OUT SOME ROAD CLOSED SIGNS // CLEAR															
NOTE 08-29-2016 14:17:59 TALBERINI DISP4 FAXED CAD															
DISPATCHED UNITS	AGENCY	UNIT	OFFICER												
	DISP	EN ROUTE	ON SCENE	PATIENT CONT	ENR TO HOSP	AT HOSP	LEAVE HOSP	TRANS START	TRANS ARRIVE	TRANS COMPLT	RTN TO QTRTS	AVL ON SCENE	IN QTRTS	CLEAR	MINS
	BAF		M11		141 - HALL, BRAD,										
	12:11:57	12:13:13	12:19:45												
	BAF		STA11		111 - MANNELLA, MIKE,										
	12:11:57														
BAF		R11		111 - MANNELLA, MIKE,											
12:11:57	12:14:12	12:21:28													
BAF		TK11		123 - WRIGHT, MICHAEL,											
12:11:57															
REPORTS	AGENCY	UNIT	REPORT NUMBER	AUTHOR	TYPE		SYSTEM	DATE CREATED		RPT CANC					
	BAF	C11	#BAF1600710	RMAKOVICH	AUTO GENERATED			08-29-2016 12:12:45		NO					
	HAZ	HAZMAT	#HAZ1600013	TWATSON	AUTO GENERATED			08-29-2016 12:17:22		NO					

16-0742

SUPPLEMENTAL CALL DATA

CALL NUMBER														
#BAF1600746														
AGENCY		UNIT		OFFICER										
DISP	EN ROUTE	ON SCENE	PATIENT CONT	ENR TO HOSP	AT HOSP	LEAVE HOSP	TRANS START	TRANS ARRIVE	TRANS COMPLT	RTN TO QRTRS	AVL ON SCENE	IN QRTRS	CLEAR	MINS
BAF		M13		122 - HANSON, AARON,										
12:11:57													12:33:45	22
BAF		C11												
12:12:44	12:12:44	12:16:07											15:14:33	182
		HZM												
12:17:08													15:38:00	201
HAZ		HAZMAT												
12:17:22													13:27:55	71
		77-103												
12:18:29	12:18:29												15:38:00	200
BAF		CH11		101 - LEWIS, DENNIS,										
12:20:27	12:20:27												15:37:46	187
HAZ		77101		77101 - KURIATNYK, KEVIN										
12:21:59	12:21:59	12:28:29											15:19:14	177
HAZ		TK77												
12:43:59	12:43:59	12:46:44								14:27:44			14:31:22	107
		SPILL77												
12:59:27	12:59:55	13:00:37											15:38:00	159
BAF		TK11		123 - WRIGHT, MICHAEL,										
13:04:26	13:04:26	13:04:26											15:37:49	153
BAF		M11		141 - HALL, BRAD,										
13:36:52	13:36:52	13:53:49											14:07:37	31

DISPATCHED UNITS

K1 Person/Entity Involved Local Option Business name (if applicable) 216 - 978 - 9451 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 Jesus A MI Last Name Santiago Suffix

Number 4100 Prefix Street or Highway Westbrook Street Type Suffix

Post Office Box Apt./Suite/Room Brunswick City

State OH Zip Code 44212

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. Business name (if Applicable) 330 - 727 - 1366 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 Paul R MI Last Name Bobersky Suffix

Number 4277 Prefix SR 193 Street or Highway Street Type Suffix

Post Office Box Apt./Suite/Room CORTLAND City

State OH Zip Code 44410

L Remarks Local Option

On 08/29/2016 At 12:11:57 Dispatched To Larchmont Ave Ne/cortland, Oh 44410. The Location Is A Highway Or Divided Highway. The Incident Was Determined To Be A(n) Motor Vehicle Accident With No Injuries.

12:16:07 Arrived On Scene.
 The Following Actions Were Performed On Scene: @12:11 On 8/29/2016 Station 11 Gets Toned Out For Two Semi's Mva With One Leaking Fuel And No Injuries. @12:12 Car 11 Responds And At 12:16 Car 11 Is On Scene And Advises Full Size Truck Vs Semi With Heavy Fuel Leaking From Passenger Side Saddle Bag Tank, And Advised Negative Injuries. Car 11 Stages 100' Upstream From The Accident And Takes Perkins Jones Command. @12:16 Advised To Tone Out To Haz-mat For Possibly 75 Gal Of Fuel Leaked From Fuel Cell. @ 12:19 Medic Squad 11 Arrived On The Scene Upstream Next To Car 11 And @ 12:21 Rescue 11 Arrived Upstream In Front Of Car 11 On Scene. Command Advised Rescue 11 To Get About 14 Bags Of Floor Dry And Something To Plug Up The Ten Inch Gash In The Fuel Cell To Stop Fuel From Going Into The Turf Area In The North Bound Lane And From Fire Dept. Personnel From Walking Into The Product To Stop Leaking From Fuel Cell. Also For Rescue And Squad Personnel To Dig A Primary Ditch/trench At The Start Of The Product Into The Turf Area. A Secondary Ditch/trench Where The Product Stops In The Turf Area. At This Time There Is No Water Way Or Storm Drains. @ 12:39 Epa Was Requested By Command From 911. @12:39 A Drop Pool From Tc Haz-mat Was Placed Under The Saddle Bag To Catch Remaining Product. At This Time A Set Of Vise Grips Were Placed On To The Fuel Line So That Product Was Stopped From Going To The Driver Side Fuel Cell To The Damaged Fuel Cell. @14:17 Trumbull Co. Road Dept. Was Requested To Place Road Closed Signs To Control Traffic In For A Secure Scene. @ This Time Product Has Been Stopped And Catch Pool Stopped All Product From Going Into The Turf Area And Floor Dry Has Soaked Up All Product And Toe Company With The Ohio Epa Took Up Turf Area And Replaced With Clean Soil. @ 15:14 Command Has Been Terminated And All Units In

L Authorization Provide First Aid & Check For Injuries

Units Responding Were: HANS01 Hanson, Aaron S FFP Assignment 08 29 2016 Month Day Year

Signature Unit C11

Signature HANS01 Hanson, Aaron S FFP Assignment 08 29 2016 Month Day Year

Signature Unit M11 Responded.

Unit R11 Responded.

78101

FDID *

OH

State *

MM DD YYYY

8

29

2016

Incident Date *

11

Station

16-0000742

Incident Number *

000

Exposure *

Complete
Narrative

Narrative:

On 08/29/2016 At 12:11:57 Dispatched To Larchmont Ave Ne/cortland, Oh 44410. The Location Is A Highway Or Divided Highway. The Incident Was Determined To Be A(n) Motor Vehicle Accident With No Injuries.

12:16:07 Arrived On Scene.

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Provide First Aid & Check For Injuries

Units Responding Were:

Unit C11 Responded.
Unit Ch11 Responded.
Unit M11 Responded.
Unit R11 Responded.

12:16:07 All Units Back In Service.

<input type="checkbox"/> Delete <input checked="" type="checkbox"/> Change							Vehicle Accident Information
A	78101 FOID *	OH State *	MM DD YYYY 8 29 2016 Incident Date *	11 Station	16-0000700000000000 Incident Number *	Exposure *	
Mobile Property Type	11 Automobile, passenger car, ambulance, ra	Accident Type	2100 Center Front				
Vehicle Found	1 Upright	Position in vehicle	2145 Driver				
Ejection/Entrapment	0 Not Applicable						
Vehicle Make	GMC (General Motors)	vehicle license	N82KJ	State	OH		
VIN		Drivers's License#	RK714767	State	OH		
Extrication Required?	No	Minutes Required		Extrication Agency			
Mobile Property Type	23 Trailer - semi, designed for freight	Accident Type	2125 Right Front				
Vehicle Found	1 Upright	Position in vehicle	2145 Driver				
Ejection/Entrapment	0 Not Applicable						
Vehicle Make	Sterling	vehicle license	P910080	State	IL		
VIN		Drivers's License#	RT654907	State	OH		
Extrication Required?	No	Minutes Required		Extrication Agency			
Mobile Property Type	23 Trailer - semi, designed for freight	Accident Type	2125 Right Front				
Vehicle Found	1 Upright	Position in vehicle					
Ejection/Entrapment							
Vehicle Make	Sterling	vehicle license	P910080	State	IL		
VIN		Drivers's License#	RT654907	State	OH		
Extrication Required?	No	Minutes Required		Extrication Agency			

A		MM DD YYYY	Station		Incident Number	Exposure	Haz No	NFIRS - 7 HazMat	
FDID * <u>78101</u>		State * <u>OH</u>	Incident Date * <u>8/29/2016</u>		<u>11</u>	<u>16-00007A000b0000</u>	<u>1</u>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change
B HazMat ID		UN Number <u>1202</u>	DOT Hazard Classification <u>30</u>	CAS Registration Number <u>68334-30-5</u>		Chemical * Name <u>Diesel Fuel</u>			
C1 Container Type		C2 Estimated Container Capacity		D1 Estimated Amount Released		E1 Physical State When Released			
<u>41</u> Container Type		<u> </u> , <u> </u> , <u>100</u> Capacity: by volume or weight		<u> </u> , <u> </u> , <u>75</u> Amount released: by volume or weight		1 <input type="checkbox"/> Solid 2 <input checked="" type="checkbox"/> Liquid 3 <input type="checkbox"/> Gas U <input type="checkbox"/> Undetermined			
More hazardous Materials? Use additional sheets.		C3 Units: Capacity		D2 Units: Released		E2 Released Into			
		Check one box VOLUME WEIGHT		Check one box VOLUME WEIGHT		<u>3</u> Released into			
		11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces		11 <input type="checkbox"/> Ounces 21 <input type="checkbox"/> Ounces					
		12 <input checked="" type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds		12 <input checked="" type="checkbox"/> Gallons 22 <input type="checkbox"/> Pounds					
		13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams		13 <input type="checkbox"/> Barrels: 42 gal. 23 <input type="checkbox"/> Grams					
		14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms		14 <input type="checkbox"/> Liters 24 <input type="checkbox"/> Kilograms					
		15 <input type="checkbox"/> Cubic feet		15 <input type="checkbox"/> Cubic feet					
		16 <input type="checkbox"/> Cubic meters		16 <input type="checkbox"/> Cubic meters					
Complete the remainder of this form only for the first hazardous material involved in this incident.		F2 Population Density		G2 Area Evacuated		H HazMat Actions Taken			
		1 <input type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input checked="" type="checkbox"/> Rural		1 <input checked="" type="checkbox"/> Square Feet <u> </u> , <u> </u> 2 <input type="checkbox"/> Blocks Enter Measurement 3 <input type="checkbox"/> Square miles		Enter up to three actions taken <u>22</u> <u>Isolate area & establish hazard</u> Primary Action Taken (1)			
F1 Released From:		G1 Area Affected		G3 Estimated Number of People Evacuated		<u>27</u> <u>Control traffic</u> Additional Action Taken (2)			
Check all applicable boxes		1 <input checked="" type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square miles		<u> </u> , <u> </u>		<u>14</u> <u>HazMat leak control and contain</u> Additional Action Taken (3)			
<input type="checkbox"/> Below grade		<u> </u> , <u>100</u> Enter Measurement		G4 Estimated Number of Buildings Evacuated		I If fire or explosion is involved with a release, which occurred first?			
1 <input type="checkbox"/> Inside/on structure <u> </u> Story of Release				<u> </u> , <u> </u> <input checked="" type="checkbox"/> None		1 <input type="checkbox"/> Ignition U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release			
2 <input checked="" type="checkbox"/> Outside of structure									
J Cause Of Release *		K Factors Contributing to Release		L Factors Affecting Mitigation					
1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" 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		Enter up to three contributing factors <u>71</u> <u>Collision, overturn, knockdown</u> Factor Contributing To Release (1)		Enter up to three factors or impediments that affected the mitigation of the incident <u>18</u> <u>Released on major roadway</u> Factor or impediment (1)					
		<u> </u> , <u> </u> Factor Contributing To Release (2)		<u> </u> , <u> </u> Factor or impediment (2)					
		<u> </u> , <u> </u> Factor Contributing To Release (3)		<u> </u> , <u> </u> Factor or impediment (3)					
M Equipment Involved In Release		N Mobile Property Involved In Release		O HazMat Disposition *					
<u>NNN</u> <u>None</u> Equipment involved in release		<input checked="" type="checkbox"/> None		1 <input type="checkbox"/> Completed by fire service only					
Brand <u> </u>		<u>23</u> <u>Trailer - semi, designed for freight</u> Mobile property type		2 <input checked="" type="checkbox"/> Completed w/ fire service present					
Model <u> </u>		<u>ST</u> <u>Sterling</u> Mobile property make		3 <input type="checkbox"/> Released to local agency					
Serial Number <u> </u>		<u>825</u> <u>2009</u> Mobile property model Year		4 <input type="checkbox"/> Released to county agency					
Year <u> </u>		<u>P910080</u> <u>IL</u> License Plate Number State		5 <input type="checkbox"/> Released to state agency					
		<u> </u> <u> </u> DOT Number/ ICC Number		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					
				O HazMat Civilian Casualties					
				Deaths <u> </u>					
				Injuries <u> </u>					

78101
FDID *

OH
State *

MM DD YYYY
8 29 2016
Incident Date *

11
Station

16-0000742
Incident Number *

0
Exposure *

Hazmat
Narrative

Hazardous Materials Narrative:
See Incident Narrative

A FDID 78101 * State OH * Incident Date 8 / 29 / 2016 Station 11 Incident Number 16-0000742 * 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 <small>Check ONE box for each apparatus to indicate its main use at the incident.</small>	Actions Taken	
	Dispatch	Arrival	Clear						
1 ID <u>C11</u> Type <u>00</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:12</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:16</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>15:14</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
2 ID <u>CH11</u> Type <u>76</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:12</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:20</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>14:07</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
3 ID <u>M11</u> Type <u>71</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:11</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:19</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>15:14</u>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
4 ID <u>R11</u> Type <u></u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:11</u>	<input checked="" type="checkbox"/> <u>8</u> / <u>29</u> / <u>2016</u> <u>12:21</u>	<input type="checkbox"/>		<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>
ID <u></u> Type <u></u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<input type="checkbox"/>	<input type="checkbox"/>

Type of Apparatus or Resources

<p>Ground Fire Suppression</p> <p>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</p> <p>Heavy Ground Equipment</p> <p>21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other</p> <p>Aircraft</p> <p>41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other</p>	<p>Marine Equipment</p> <p>51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other</p> <p>Support Equipment</p> <p>61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other</p> <p>Medical & Rescue</p> <p>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>	<p>More Apparatus? Use Additional Sheets</p> <p>Other</p> <p>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</p> <p>NN None UU Undetermined</p>
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NFIRS-9 Revision 11/17/98

A		FDID * <u>78101</u>	State * <u>OH</u>	MM <u>8</u> DD <u>29</u> YYYY <u>2016</u>	Station <u>11</u>	Incident Number * <u>16-0000742</u>	Exposure * <u>000</u>	<input type="checkbox"/> Delete	<input checked="" type="checkbox"/> Change	NFIRS - 10 Personnel
B Apparatus or Resource		Date and Times Check if same as alarm date			Sent <input checked="" type="checkbox"/>	Number of * People	Use	Actions Taken		
Use codes listed below		Month Day Year Hours/mins					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.		
<u>1</u>	ID <u>C11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:12</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type <u>00</u>	Arrival <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:16</u>						<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>15:14</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			
MANN01	Mannella, Michael	CP	X							
<u>2</u>	ID <u>CH11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:20</u>	Sent <input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type <u>92</u>	Arrival <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:20</u>						<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>15:37</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>3</u>	ID <u>M11</u>	Dispatch <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:11</u>	Sent <input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression	<input type="checkbox"/> EMS	<input checked="" type="checkbox"/> Other	<input type="checkbox"/> <input type="checkbox"/>
	Type <u>76</u>	Arrival <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>12:19</u>						<input type="checkbox"/> <input type="checkbox"/>
		Clear <input checked="" type="checkbox"/>	<u>8</u> <u>29</u> <u>2016</u>	<u>14:07</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			
HANS01 TOP001	Hanson, Aaron Toporcer, Tom	FFP FFP	X X							

A FDID * 78101 State * OH Incident Date * MM 8 DD 29 YYYY 2016 Station 11 Incident Number * 16-0000742 Exposure * 000 Delete Change NFIRS - 10 Personnel

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

1 ID R11 Dispatch 8 29 2016 12:11 Sent 1 Suppression EMS Other
 Type 71 Arrival 8 29 2016 12:21 Clear 8 29 2016 15:14

Personnel ID	Name	Rank or Grade	Attend <input checked="" type="checkbox"/>	Action Taken	Action Taken	Action Taken	Action Taken
HALL01	Hall, Bradley	FFP	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"/>				

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
FOID

OH
State

8 29 2016
Incident Date

11
Station

16-0000742
Incident Number

000
Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
C11 Car 11	12:12:44	12:12:44	12:16:07	15:14:33

Staff ID\Staff Name	Activity	Rank	Position	Role
MANN01 Mannella, Michael	Rescue at scene	Captain	Fire Officer	

CH11 Chief's Car	12:20:27	12:20:27	12:20:27	15:37:46
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Staff ID\Staff Name	Activity	Rank	Position	Role
LEWI02 Lewis, Dennis K	Rescue at scene	Fire Chief	Fire Chief	

M11 Ambulance	12:11:57	12:13:13	12:19:45	14:07:37
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Staff ID\Staff Name	Activity	Rank	Position	Role
HANS01 Hanson, Aaron S	Rescue at scene	Firefighter	Firefighter	
TOPO01 Toporcex, Tom	Rescue at scene	Firefighter	Firefighter	

R11 Rescue/Pumper	12:11:57	12:14:12	12:21:28	15:14:16
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Staff ID\Staff Name	Activity	Rank	Position	Role
HALL01 Hall, Bradley A	Rescue at scene	Firefighter	Firefighter	

Unit Narrative

Haz Mat Incident Involving A Fuel Spill Due A Semi Vs Full Size Truck

78101 FDID *	OH State *	MM DD YYYY 8 29 2016 Incident Date *	11 Station	16-0000742 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
MANN01 Mannella, Michael	C11	RX Rescue at scene	FC	CP		3.03	3.03	0.00
LEWI02 Lewis, Dennis K	CH11	RX Rescue at scene	CH	FC		3.29	3.29	0.00
HANS01 Hanson, Aaron S	M11	RX Rescue at scene	FF	FFP		1.91	1.91	0.00
TOPO01 Toporcer, Tom	M11	RX Rescue at scene	FF	FFP		3.29	3.29	0.00
HALL01 Hall, Bradley A	R11	X RX Rescue at scene	FF	FFP		3.00	3.00	0.00

Total Participants: 5

Total Personnel Hours: 14.52

A FDID 78101 * State OH * Incident Date MM 9 DD 29 YYYY 2016 Station 11 Incident Number 16-0000700000000000 * Exposure 0000 * Delete Change **NFIRS - IS Supplemental**

K1 Person/Entity Involved XPO, DRAYAGE Business name if applicable Phone Number 877 - 490 - 0177

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

Mr.,Ms., Mrs. First Name DRAYAGE MI XPO Last Name Suffix

Number 3201 Prefix Center Street or highway Street Type PT Suffix

Post office box Apt./Suite/Room Joliet City

State IL Zip Code 60431 -

K2 Person/Entity Involved XPO, DRAYAGE Business name if applicable Phone Number 877 - 490 - 0177

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 -

K3 Person/Entity Involved Business name if applicable 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 -

K4 Person/Entity Involved Business name if applicable 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 -

K5 Person/Entity Involved Business name if applicable 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 -

NFIRS-11 Revision 6/9/98

78101 FDID	OH State	MM 8	DD 29	YYYY 2016	11 Station	16-00007420000000000 Incident Number	Exposure	NFIRS - Involvement User Fields
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Involvement Name:	Involvement Type:	Owner:	Occupant:
Bobersky, Paul R	Driver/Owner	X	X

Involvement Name:	Involvement Type:	Owner:	Occupant:
Santiago, Jesus A	Driver		X

<input type="text" value="78101"/>	<input type="text" value="OH"/>	<input type="text" value="8"/>	<input type="text" value="29"/>	<input type="text" value="2016"/>	<input type="text" value="11"/>	<input type="text" value="16-0000742000000000"/>	NFIRS - Involvement User Fields
FID	State	Incident Date		Station	Incident Number	Exposure	

Involvement
Name:
XPO, DRAYAGE

Involvement
Type:
Property Owner

Owner: Occupant:
 X



TRAFFIC CRASH REPORT

LOCAL REPORT NUMBER*
78-1037-78CRASH SEVERITY
3 1 - FATAL
2 - INJURY
3 - PDO
Hit/Skip
 1 - SOLVED
 2 - UNSOLVEDLOCAL INFORMATION
P16082900001549

<input type="checkbox"/> PHOTOS TAKEN <input checked="" type="checkbox"/> OH-2 <input type="checkbox"/> OH-1P <input checked="" type="checkbox"/> OH-3 <input type="checkbox"/> OTHER	<input type="checkbox"/> PDO UNDER STATE REPORTABLE DOLLAR AMOUNT	<input type="checkbox"/> PRIVATE PROPERTY	REPORTING AGENCY NCIC* OHP78	REPORTING AGENCY NAME* Ohio State Highway Patrol	2 NUMBER OF UNITS	UNIT IN ERROR 1 98 - ANIMAL 99 - UNKNOWN
COUNTY* Trumbull	<input type="checkbox"/> CITY* <input type="checkbox"/> VILLAGE* <input checked="" type="checkbox"/> TOWNSHIP*	CITY, VILLAGE, TOWNSHIP* Bazetta	CRASH DATE* 08/29/2016	TIME OF CRASH 1200	DAY OF WEEK Mon	

DEGREES MINUTES SECONDS LATITUDE 41:23:78.55	LONGITUDE 80:45:61.23	DECIMAL DEGREES LATITUDE 41.39681944	LONGITUDE 80.74477222
-----------------------------------------------------------	---------------------------------	---------------------------------------------------	---------------------------------

ROADWAY DIVISION <input checked="" type="checkbox"/> DIVIDED <input type="checkbox"/> UNDIVIDED	GRADED LAINE DIRECTION OF TRAVEL <input type="checkbox"/> N - NORTHBOUND <input type="checkbox"/> E - EASTBOUND <input type="checkbox"/> S - SOUTHBOUND <input type="checkbox"/> W - WESTBOUND	NUMBER OF THRU LANES 4	ROAD TYPES OR MILEPOST AL - ALLEY CR - CIRCLE HE - HIGHWAY MP - MILEPOST PL - PLACE ST - STREET WA - WAY AV - AVENUE CT - COURT HW - HIGHWAY PK - PARKWAY RD - ROAD TE - TERRACE BL - BOULEVARD DR - DRIVE LA - LAKE PI - PIKE SQ - SQUARE TL - TRAIL
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LOCATION ROUTE NUMBER CR 1429	LOCATION ROAD NAME <input type="checkbox"/> N, S, E, W	LOCATION ROUTE TYPE <input type="checkbox"/> N, S, E, W	ROUTE TYPES IR - INTERSTATE ROUTE (I.C. TURNPIKE) US - US ROUTE CR - NUMBERED COUNTY ROUTE SR - STATE ROUTE TR - NUMBERED TOWNSHIP ROUTE
-----------------------------------------	-----------------------------------------------------------	------------------------------------------------------------	---------------------------------------------------------------------------------------------------------------------------------------------------

DISTANCE FROM REFERENCE At <input type="checkbox"/> FEET <input type="checkbox"/> YARDS	REF. PREFIX <input type="checkbox"/> N, S, E, W	REFERENCE ROUTE NUMBER SR 5	REFERENCE NAME (ROAD, MILEPOST, HOUSE #) <input type="checkbox"/> ROAD TYPE
--------------------------------------------------------------------------------------------	----------------------------------------------------	---------------------------------------	--------------------------------------------------------------------------------

REFERENCE POINT USED 1 1 - INTERSECTION 2 - MILE POST 3 - HOUSE NUMBER	CRASH LOCATION 02 01 - NOT AN INTERSECTION 02 - FOUR-WAY INTERSECTION 03 - T-INTERSECTION 04 - Y-INTERSECTION 05 - TRAFFIC CIRCLE/ROUNDBOUNT 06 - FIVE POINT, OR MORE 07 - ON RAMP 08 - OFF RAMP 09 - CROSSOVER 10 - DRIVEWAY ALLEY ACCESS	INTERSECTION RELATED <input checked="" type="checkbox"/>	LOCATION OF FIRST HARMFUL EVENT 1 1 - ON ROADWAY 5 - ON GORE 2 - ON SHOULDER 6 - OUTSIDE TRAFFICWAY 3 - IN MEDIUM 9 - UNKNOWN 4 - ON ROADSIDE
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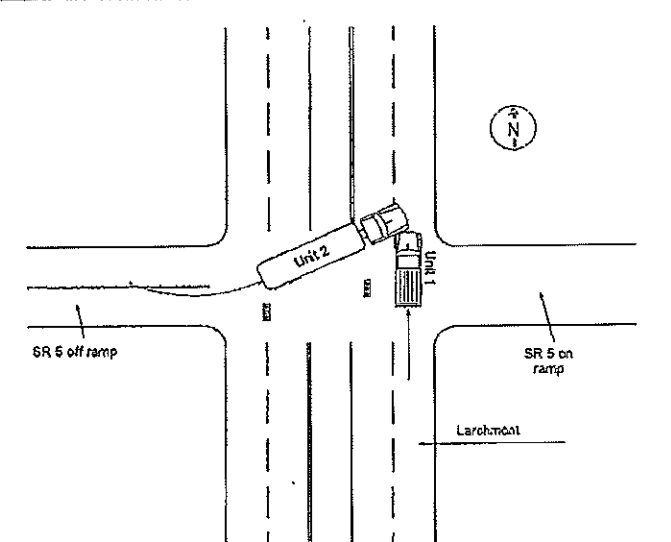
ROAD CONTOUR 1 1 - STRAIGHT LEVEL 4 - CURVE GRADE 2 - STRAIGHT GRADE 9 - UNKNOWN 3 - CURVE LEVEL	ROAD CONDITIONS PRIMARY 01 SECONDARY <input type="checkbox"/> 01 - DRY 02 - WET 03 - SNOW 04 - ICE 05 - SAND, MUD, DIRT, OIL, GRAVEL 06 - WATER (STANDING, MOVING) 07 - SLUSH 08 - DEBRIS	09 - RUT, HOLES, BUMPS, UNEVEN PAVEMENT 10 - OTHER 99 - UNKNOWN
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MANNER OF CRASH COLLISION/IMPACT 6 1 - NOT COLLISION BETWEEN TWO MOTOR VEHICLES IN TRANSPORT 2 - REAR-END 3 - HEAD-ON 4 - REAR-TO-REAR 5 - BACK-ANG 6 - ANGLE 7 - SIDESWIPE, SAME DIRECTION 8 - SIDESWIPE, OPPOSITE DIRECTION 9 - UNKNOWN	WEATHER 1 1 - CLEAR 4 - RAIN 7 - SEVERE CROSSWINDS 2 - CLOUDY 5 - SLEET, HAIL 8 - BLOWING SAND, SOIL, DIRT, SNOW 3 - FOG, SHOG, SMOKE 6 - SNOW 9 - OTHER UNKNOWN
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ROAD SURFACE 2 1 - CONCRETE 4 - SLAG, GRAVEL, STONE 2 - BLACKTOP 5 - DIRT 3 - BRICK/BLOCK 6 - OTHER	LIGHT CONDITIONS PRIMARY 1 SECONDARY <input type="checkbox"/> 1 - DAYLIGHT 5 - DARK - ROADWAY NOT LIGHTED 9 - UNKNOWN 2 - DAWN 6 - DARK - UNKNOWN ROADWAY LIGHTING 3 - DUSK 7 - GLARE 4 - DARK - LIGHTED ROADWAY 8 - OTHER	<input type="checkbox"/> SCHOOL ZONE RELATED <input type="checkbox"/> SCHOOL BUS RELAYED <input type="checkbox"/> YES, SCHOOL BUS DIRECTLY INVOLVED <input type="checkbox"/> YES, SCHOOL BUS INDIRECTLY INVOLVED
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<input type="checkbox"/> WORK ZONE RELATED <input type="checkbox"/> WORKERS PRESENT <input type="checkbox"/> LAW ENFORCEMENT PRESENT (OTHER VEHICLE) <input type="checkbox"/> LAW ENFORCEMENT PRESENT (VEHICLE ONLY)	TYPE OF WORK ZONE <input type="checkbox"/> 1 - LANE CLOSURE 4 - INTERMITTENT OR MOVING WORK <input type="checkbox"/> 2 - LANE SHFT/CROSSOVER 5 - OTHER <input type="checkbox"/> 3 - WORK ON SHOULDER OR MEDIAN	LOCATION OF CRASH IN WORK ZONE <input type="checkbox"/> 1 - BEFORE THE FIRST WORK ZONE WARNING SIGN 4 - ACTIVITY AREA <input type="checkbox"/> 2 - ADVANCE WARNING AREA 5 - TERMINATION AREA <input type="checkbox"/> 3 - TRANSITION AREA
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NARRATIVE
Unit #1 was northbound on Larchmont Ave. Unit #2 was stopped at a traffic light on SR 5 eastbound off ramp to Larchmont Ave. Unit #2 traffic light turned green and Unit #2 turned left onto Larchmont. Unit #1 ran a red light and struck Unit #2.



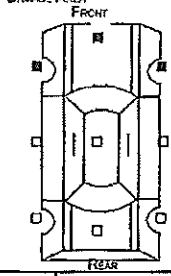
REPORT TAKEN BY <input checked="" type="checkbox"/> POLICE AGENCY <input type="checkbox"/> MOTORIST	<input type="checkbox"/> SUPPLEMENT (CORRECTION OR ADDITION TO AN EXISTING REPORT SENT TO OOPS)	DATE CRASH REPORTED 08/29/2016	TIME CRASH REPORTED 1215	DISPATCH TIME 1215	ARRIVAL TIME 1227	TIME CLEARED 1400	OTHER INVESTIGATION TIME 65	TOTAL MINUTES 170
OFFICER'S NAME Walker, Donald	OFFICER'S BADGE NUMBER 0688	CHECKED BY 0993						



UNIT

LOCAL REPORT NUMBER

78-1037-78

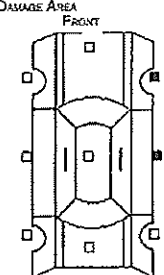
UNIT NUMBER 1	OWNER NAME, LAST, FIRST, MIDDLE (OR SAME AS DRIVER) Bobersky, Paul, R	OWNER PHONE NUMBER 330-727-1366	DAMAGE SCALE 4	DAMAGE AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (OR SAME AS DRIVER) 4277 SR 193, Cortland, OH, 44410		VEHICLE IDENTIFICATION NUMBER 999999999999999999	# OCCUPANTS 1		
LP STATE OH	LICENSE PLATE NUMBER N82KJ	VEHICLE MAKE GMC	VEHICLE MODEL Sierra C3500-HD - 3HD	VEHICLE COLOR SIL	
PROOF OF INSURANCE SHOWN <input checked="" type="checkbox"/>	INSURANCE COMPANY Progressive	POLICY NUMBER 57792628	TOWED BY Bud's		
CARRIER NAME, ADDRESS, CITY, STATE, ZIP				CARRIER PHONE	
US DOT HM P-PLACARD ID NO.	VEHICLE WEIGHT GVWR/GCWR <input type="checkbox"/> 1 - LESS THAN OR EQUAL TO 10K LB <input type="checkbox"/> 2 - 10,001 TO 26,000X LBS <input type="checkbox"/> 3 - MORE THAN 26,000X LBS.	CARGO BODY TYPE 01 01 - NO CARGO BODY TYPE NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, NO DRIVER) 03 - BUS (16+ SEATS, ING DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGSKID 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN ENCLOSED BOX 08 - GRAIN, CHIPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTIGUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED/PANTED OR GRASS/FTJ MEDIA 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> Hrt / Stop Unit		
HM CLASS NUMBER	HAZARDOUS MATERIAL <input type="checkbox"/> RELEASED	TYPE OF USE 1 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 07 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUB-COMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORCYCLE BI-CYCLE 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K BUS/VAN/LIMO (9 OR MORE INCLUDING DRIVER) 13 - SINGLE UNIT TRUCK OR VAN 2AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BOBTAIL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TIRES 20 - OTHER MED/HEAVY VEHICLE	
SPECIAL FUNCTION 01 01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 15K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP.	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAM 22 - OTHER (EXPLAIN IN NOTES)	MOST DAMAGED AREA 02 01 - NONE 02 - CENTER FRONT 03 - RIGHT FRONT 04 - RIGHT SIDE 05 - RIGHT REAR 06 - REAR CENTER 07 - LEFT REAR	08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION 3 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STUCK 9 - UNKNOWN
PRE-CRASH ACTIONS 01 MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN 99 - UNKNOWN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DENVERLESS	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	15 - ENTERING OR CROSSING SQUEEZED LOCATION 16 - WALKING/RUNNING, JOGGING, PLAYING CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION	
CONTRIBUTING CIRCUMSTANCE PRIMARY 03 01 - NONE 02 - FAILURE TO YIELD 03 - RAN RED LIGHT 04 - RAN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE /PASSING OFF ROAD	MOTORIST 11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN NEGLIGENT MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WRONG SIDE/WRONG WAY 17 - FAILURE TO CONTROL 18 - VISION OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AROUND OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS /SIGNALS/OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/> 01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SUCK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS		
SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> FIRST HARMFUL EVENT 1 MISC HARMFUL EVENT 1 99 - UNKNOWN	NON-COLLISION EVENTS 01 - OVERTURN/Rollover 02 - FIRE/EXPLOSION 03 - IMMERSION 04 - JACKKNIFE 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (BLOWN TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION		
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIXED 14 - PEDESTRIAN 15 - PEDALCYCLE 16 - RAILWAY VEHICLE (TRAIN ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT	COLLISION WITH FIXED OBJECT 25 - IMPACT ATTENUATOR/CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT/LUMINAIRE SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL BUILDING TURREL 52 - OTHER FIXED OBJECT		
UNIT SPEED 40 <input checked="" type="checkbox"/> STATED <input type="checkbox"/> ESTIMATED	POSTED SPEED 45	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE 07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRIARDS 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	UNIT DIRECTION FROM 2 TO 1 1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN	



UNIT

LOCAL REPORT NUMBER

78-1037-78

UNIT NUMBER 2	OWNER NAME: LAST, FIRST, MIDDLE (☐ SAME AS DRIVER) XPO, Drayage,	OWNER PHONE NUMBER 877-490-0177	DAMAGE SCALE 3	DAMAGE AREA 	
OWNER ADDRESS: CITY, STATE, ZIP (☐ SAME AS DRIVER) 3201 Center Point, Joliet, IL, 60431			1 - NONE		
IP STATE IL	LICENSE PLATE NUMBER P910080	VEHICLE IDENTIFICATION NUMBER 999999999999999999	2 - MINOR		
VEHICLE YEAR 2008	VEHICLE MAKE Sterling	VEHICLE MODEL 825	3 - FUNCTIONAL		
VEHICLE COLOR WHI			4 - DISABLING		
PROOF OF INSURANCE SHOWN	INSURANCE COMPANY Great America	POLICY NUMBER GTP9229381	9 - UNKNOWN		
	TOWED BY Bud's				
CARRIER NAME, ADDRESS, CITY, STATE, ZIP XPO, Drayage, 3201 Center Point, Joliet, IL, 60431			CARRIER PHONE 877-490-0177		
US DOT 118365	VEHICLE WEIGHT GVWR/GCWR 3 1 - LESS THAN OR EQUAL TO 10K LB 2 - 10,001 TO 26,000K LBS 3 - MORE THAN 26,000K LBS.	CARGO BODY TYPE 07 01 - NO CARGO BODY TYPE NOT APPLICABLE 02 - BUS/VAN (9-15 SEATS, NO DRIVER) 03 - BUS (16+ SEATS, NO DRIVER) 04 - VEHICLE TOWING ANOTHER VEHICLE 05 - LOGGING 06 - INTERMODAL CONTAINER CHASSIS 07 - CARGO VAN ENCLOSED BOX 08 - GRAB, CHPS, GRAVEL	TRAFFICWAY DESCRIPTION 1 1 - TWO-WAY, NOT DIVIDED 2 - TWO-WAY, NOT DIVIDED, CONTINUOUS LEFT TURN LANE 3 - TWO-WAY, DIVIDED, UNPROTECTED, PAINTED OR GRASS-PAVED MEDIAN 4 - TWO-WAY, DIVIDED, POSITIVE MEDIAN BARRIER 5 - ONE-WAY TRAFFICWAY <input type="checkbox"/> HIT / STOP UNIT		
HM PLACARD ID NO.	HAZARDOUS MATERIAL RELEASED <input type="checkbox"/>				
HM CLASS NUMBER					
NON-MOTORIST LOCATION PRIOR TO IMPACT <input type="checkbox"/>	TYPE OF USE 2 1 - PERSONAL 2 - COMMERCIAL 3 - GOVERNMENT <input type="checkbox"/> IN EMERGENCY RESPONSE	UNIT TYPE 17 PASSENGER VEHICLES (LESS THAN 9 PASSENGERS) 01 - SUBCOMPACT 02 - COMPACT 03 - MID SIZE 04 - FULL SIZE 05 - MINIVAN 06 - SPORT UTILITY VEHICLE 07 - PICKUP 08 - VAN 09 - MOTORCYCLE 10 - MOTORCYCLE TRAILER 11 - SNOWMOBILE/ATV 12 - OTHER PASSENGER VEHICLE	MED/HEAVY TRUCKS OR COMBO UNITS > 10K BUS/VAN/WEI/9 OR MORE INCLUDING DR 13 - SINGLE UNIT TRUCK OR VAN 2 AXLE, 6 TIRES 14 - SINGLE UNIT TRUCK; 3+ AXLES 15 - SINGLE UNIT TRUCK/ TRAILER 16 - TRUCK/TRACTOR (BORTAL) 17 - TRACTOR/SEMI-TRAILER 18 - TRACTOR/DOUBLE 19 - TRACTOR/TWELVE 20 - OTHER MED/HEAVY VEHICLE 21 - BUS/VAN (9-15 SEATS, NO DRIVER) 22 - BUS (16+ SEATS, NO DRIVER) NON-MOTORIST 23 - ANIMAL WITH RIDER 24 - ANIMAL WITH BUCKY, WAGON, SURETY 25 - BICYCLE/PEDALCYCLIST 26 - PEDESTRIAN/SKATER 27 - OTHER NON-MOTORIST <input type="checkbox"/> HAS HM PLACARD		
SPECIAL FUNCTION 01	01 - NONE 02 - TAXI 03 - RENTAL TRUCK (OVER 10K LBS) 04 - BUS - SCHOOL (PUBLIC OR PRIVATE) 05 - BUS - TRANSIT 06 - BUS - CHARTER 07 - BUS - SHUTTLE 08 - BUS - OTHER	09 - AMBULANCE 10 - FIRE 11 - HIGHWAY MAINTENANCE 12 - MILITARY 13 - POLICE 14 - PUBLIC UTILITY 15 - OTHER GOVERNMENT 16 - CONSTRUCTION EQUIP	17 - FARM VEHICLE 18 - FARM EQUIPMENT 19 - MOTORHOME 20 - GOLF CART 21 - TRAWL 22 - OTHER (EXPLAIN IN REMARKS)	MOST DAMAGED AREA 04	01 - NONE 02 - CENTER FRONT 03 - FRONT FRONT 04 - FRONT SIDE 05 - FRONT FLEET 06 - REAR CENTER 07 - LEFT REAR
			08 - LEFT SIDE 09 - LEFT FRONT 10 - TOP AND WINDOWS 11 - UNDERCARRIAGE 12 - LOAD/TRAILER 13 - TOTAL (ALL AREAS) 14 - OTHER	ACTION 4 1 - NON-CONTACT 2 - NON-COLLISION 3 - STRUCK 4 - STRUCK 5 - STRUCK/STRUCK 9 - UNKNOWN	
PRIOR CRASH ACTIONS 06	MOTORIST 01 - STRAIGHT AHEAD 02 - BACKING 03 - CHANGING LANES 04 - OVERTAKING/PASSING 05 - MAKING RIGHT TURN 06 - MAKING LEFT TURN	07 - MAKING U-TURN 08 - ENTERING TRAFFIC LANE 09 - LEAVING TRAFFIC LANE 10 - PARKED 11 - SLOWING OR STOPPED IN TRAFFIC 12 - DIVERGENT	13 - NEGOTIATING A CURVE 14 - OTHER MOTORIST ACTION	NON-MOTORIST 15 - ENTERING OR CROSSING SPECIFIED LOCATION 16 - WALKING/RUNNING, JOGGING, PLAYING, CYCLING 17 - WORKING 18 - PUSHING VEHICLE 19 - APPROACHING OR LEAVING VEHICLE 20 - STANDING	21 - OTHER NON-MOTORIST ACTION
CONTRIBUTING CIRCUMSTANCE PRIMARY 01	MOTORIST 01 - NONE 02 - FAILURE TO YIELD 03 - RUN RED LIGHT 04 - RUN STOP SIGN 05 - EXCEEDED SPEED LIMIT 06 - UNSAFE SPEED 07 - IMPROPER TURN 08 - LEFT OF CENTER 09 - FOLLOWED TOO CLOSELY/ACDA 10 - IMPROPER LANE CHANGE/PASSING OFF ROAD	11 - IMPROPER BACKING 12 - IMPROPER START FROM PARKED POSITION 13 - STOPPED OR PARKED ILLEGALLY 14 - OPERATING VEHICLE IN ILLEGITIMATE MANNER 15 - SWERVING TO AVOID (DUE TO EXTERNAL CONDITIONS) 16 - WADING SIDEWALK/WAY 17 - FAILURE TO CONTROL 18 - VEHICLE OBSTRUCTION 19 - OPERATING DEFECTIVE EQUIPMENT 20 - LOAD SHIFTING/FALLING/SPILLING 21 - OTHER IMPROPER ACTION	NON-MOTORIST 22 - NONE 23 - IMPROPER CROSSING 24 - DARTING 25 - LYING AND/OR ILLEGALLY IN ROADWAY 26 - FAILURE TO YIELD RIGHT OF WAY 27 - NOT VISIBLE (DARK CLOTHING) 28 - INATTENTIVE 29 - FAILURE TO OBEY TRAFFIC SIGNS / SIGNALS / OFFICER 30 - WRONG SIDE OF THE ROAD 31 - OTHER NON-MOTORIST ACTION	VEHICLE DEFECTS <input type="checkbox"/>	01 - TURN SIGNALS 02 - HEAD LAMPS 03 - TAIL LAMPS 04 - BRAKES 05 - STEERING 06 - TIRE BLOWOUT 07 - WORK OR SLACK TIRES 08 - TRAILER EQUIPMENT DEFECTIVE 09 - MOTOR TROUBLE 10 - DISABLED FROM PRIOR ACCIDENT 11 - OTHER DEFECTS
SEQUENCE OF EVENTS 1 20 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/>	FIRST HARMFUL EVENT 1	NON-COLLISION EVENTS 01 - OVERTURN/ROLLOVER 02 - FIRE/EXPLOSION 03 - IMBERSION 04 - JACUZZI 05 - CARGO/EQUIPMENT LOSS OR SHIFT	06 - EQUIPMENT FAILURE (EXCEPT TIRE, BRAKE FAILURE, ETC) 07 - SEPARATION OF UNITS 08 - RAN OFF ROAD RIGHT 09 - RAN OFF ROAD LEFT	10 - CROSS MEDIAN 11 - CROSS CENTER LINE 12 - DOWNHILL RUNAWAY 13 - OTHER NON-COLLISION	
COLLISION WITH PERSON, VEHICLE OR OBJECT NOT FIRED 14 - PEDESTRIAN 15 - PEDALCYCLIST 16 - RAILWAY VEHICLE (FROM ENGINE) 17 - ANIMAL - FARM 18 - ANIMAL - DEER 19 - ANIMAL - OTHER 20 - MOTOR VEHICLE IN TRANSPORT		21 - PARKED MOTOR VEHICLE 22 - WORK ZONE MAINTENANCE EQUIPMENT 23 - STRUCK BY FALLING, SHIFTING CARGO OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 24 - OTHER MOVABLE OBJECT		25 - IMPACT ATTENUATOR CRASH CUSHION 26 - BRIDGE OVERHEAD STRUCTURE 27 - BRIDGE PIER OR ABUTMENT 28 - BRIDGE PARAPET 29 - BRIDGE RAIL 30 - GUARDRAIL FACE 31 - GUARDRAIL END 32 - PORTABLE BARRIER 33 - MEDIAN CABLE BARRIER 34 - MEDIAN GUARDRAIL BARRIER 35 - MEDIAN CONCRETE BARRIER 36 - MEDIAN OTHER BARRIER 37 - TRAFFIC SIGN POST 38 - OVERHEAD SIGN POST 39 - LIGHT LUMINAIRE SUPPORT 40 - UTILITY POLE 41 - OTHER POST, POLE OR SUPPORT 42 - CULVERT 43 - CURB 44 - DITCH 45 - EMBANKMENT 46 - FENCE 47 - MAILBOX 48 - TREE 49 - FIRE HYDRANT 50 - WORK ZONE MAINTENANCE EQUIPMENT 51 - WALL, BUILDING, TUNNEL 52 - OTHER FIXED OBJECT	
UNIT SPEED 7	POSTED SPEED 45	TRAFFIC CONTROL 04 01 - NO CONTROLS 02 - STOP SIGN 03 - YIELD SIGN 04 - TRAFFIC SIGNAL 05 - TRAFFIC FLASHERS 06 - SCHOOL ZONE	07 - RAILROAD CROSSINGS 08 - RAILROAD FLASHERS 09 - RAILROAD GATES 10 - CONSTRUCTION BARRICADE 11 - PERSON (FLAGGER, OFFICER) 12 - PAVEMENT MARKINGS	13 - CROSSWALK LINES 14 - WALK/DON'T WALK 15 - OTHER 16 - NOT REPORTED	
UNIT DIRECTION FROM 4 TO 1		1 - NORTH 2 - SOUTH 3 - EAST 4 - WEST 5 - NORTHEAST 6 - NORTHWEST 7 - SOUTHEAST 8 - SOUTHWEST 9 - UNKNOWN			



MOTORIST / NON-MOTORIST / OCCUPANT

LOCAL REPORT NUMBER

78-1037-78

UNIT NUMBER 1	NAME: LAST, FIRST, MIDDLE Bobersky, Paul, R	DATE OF BIRTH 07/28/1962	AGE 54	SEX <input checked="" type="checkbox"/> M F - FEMALE <input type="checkbox"/> F M - MALE
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ADDRESS, CITY, STATE, ZIP 4277 SR 193, Cortland, OH, 44410	CONTACT PHONE - INCLUDE AREA CODE 330-727-1366
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input checked="" type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 2	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER RK714767	OL CLASS <input checked="" type="checkbox"/> 4	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE) 4511.13	OFFENSE DESCRIPTION Signal lights	CITATION NUMBER OHP780888082920161	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1
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UNIT NUMBER 2	NAME: LAST, FIRST, MIDDLE Santiago, Jesus, A	DATE OF BIRTH 12/09/1966	AGE 49	SEX <input checked="" type="checkbox"/> M F - FEMALE <input type="checkbox"/> F M - MALE
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ADDRESS, CITY, STATE, ZIP 4100 Westbrook, Brunswick, OH, 44212	CONTACT PHONE - INCLUDE AREA CODE 216-978-9451
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INJURIES <input checked="" type="checkbox"/>	INJURED TAKEN BY <input checked="" type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED 04	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION <input checked="" type="checkbox"/> 01	AIR BAG USAGE <input checked="" type="checkbox"/> 5	EJECTION <input checked="" type="checkbox"/> 1	TRAPPED <input checked="" type="checkbox"/> 1
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OL STATE OH	OPERATOR LICENSE NUMBER RT654907	OL CLASS <input checked="" type="checkbox"/> 1	No <input type="checkbox"/> VALID DL	M/C <input type="checkbox"/> END	CONDITION <input checked="" type="checkbox"/> 1	ALCOHOL/DRUG SUSPECTED <input checked="" type="checkbox"/> 1	ALCOHOL TEST STATUS <input checked="" type="checkbox"/> 1	ALCOHOL TEST TYPE <input checked="" type="checkbox"/> 1	ALCOHOL TEST VALUE 1	DRUG TEST STATUS 1	DRUG TEST TYPE 1
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OFFENSE CHARGED (<input type="checkbox"/> LOCAL CODE)	OFFENSE DESCRIPTION	CITATION NUMBER	HANDS-FREE <input type="checkbox"/> DEVICE USED	DRIVER DISTRACTED BY <input checked="" type="checkbox"/> 1
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INJURIES 1 - NO INJURY / NONE REPORTED 2 - POSSIBLE 3 - NON-INCAPACITATING 4 - INCAPACITATING 5 - FATAL	INJURED TAKEN BY 1 - NOT TRANSPORTED / TREATED AT SCENE 2 - EMS 3 - POLICE 4 - OTHER 9 - UNKNOWN	SAFETY EQUIPMENT USED 99 - UNKNOWN SAFETY EQUIPMENT	MOTORIST 01 - NONE USED - VEHICLE OCCUPANT 02 - S SHOULDER BELT ONLY USED 03 - LAP BELT ONLY USED 04 - S SHOULDER AND LAP BELT ONLY USED	NON-MOTORIST 05 - CHILD RESTRAINT SYSTEM-FORWARD FACING 06 - CHILD RESTRAINT SYSTEM-REAR FACING 07 - BOOSTER SEAT 08 - HELMET USED	12 - REFLECTIVE COATING 13 - LIGHTING 14 - OTHER
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SEATING POSITION 01 - FRONT - LEFT SIDE (DRIVER) 02 - FRONT - MIDDLE 03 - FRONT - RIGHT SIDE 04 - SECOND - LEFT SIDE (PASSENGER) 05 - SECOND - MIDDLE 06 - SECOND - RIGHT SIDE	07 - THIRD - LEFT SIDE (MOTORCYCLE SEAT) 08 - THIRD - MIDDLE 09 - THIRD - RIGHT SIDE 10 - SLEEPER SECTION OF CAB (TRUCK) 11 - PASSENGER IN OTHER ENCLOSED CARGO AREA (FRONT TRUCK UNIT, SUCH AS A BUS, PICKUP TRUCK CAB)	12 - PASSENGER IN UNENCLOSED CARGO AREA 13 - TRAVEL UNIT 14 - RIDING ON VEHICLE EXTERIOR (NON-TRUCK UNIT) 15 - NON-MOTORIST 16 - OTHER 99 - UNKNOWN	AIR BAG USAGE 1 - NOT DEPLOYED 2 - DEPLOYED FRONT 3 - DEPLOYED SIDE 4 - DEPLOYED BOTH FRONT/SIDE 5 - NOT APPLICABLE 9 - DEPLOYMENT UNKNOWN
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EJECTION 1 - NOT EJECTED 2 - TOTALLY EJECTED 3 - PARTIALLY EJECTED 4 - NOT APPLICABLE	TRAPPED 1 - NOT TRAPPED 2 - EXTRACTED BY MECHANICAL MEANS 3 - EXTRACTED BY NON-MECHANICAL MEANS	OPERATOR LICENSE CLASS 1 - CLASS A 2 - CLASS B 3 - CLASS C 4 - REGULAR CLASS (OTHER 'D') 5 - MCM/MPD ONLY	CONDITION 1 - APPARENTLY NORMAL 2 - PHYSICAL IMPAIRMENT 3 - EMOTIONAL (DEPRESSED, ANGRY, DISTURBED) 4 - ILLNESS	ALCOHOL/DRUG SUSPECTED 5 - FELL ASLEEP, FINTED, FATIGUE 6 - UNDER THE INFLUENCE OF MEDICATIONS, DRUGS, ALCOHOL 7 - OTHER	1 - NONE 2 - YES - ALCOHOL SUSPECTED 3 - YES - HAD NOT PASSED 4 - YES - DRUGS SUSPECTED 5 - YES - ALCOHOL AND DRUGS SUSPECTED
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ALCOHOL TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSUAL 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	ALCOHOL TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - BREATH 5 - OTHER	DRUG TEST STATUS 1 - NONE GIVEN 2 - TEST REFUSED 3 - TEST GIVEN, CONTAMINATED SAMPLE/UNUSUAL 4 - TEST GIVEN, RESULTS KNOWN 5 - TEST GIVEN, RESULTS UNKNOWN	DRUG TEST TYPE 1 - NONE 2 - BLOOD 3 - URINE 4 - OTHER	DRIVER DISTRACTED BY 1 - NO DISTRACTION REPORTED 2 - PHONE 3 - TEXTING/EMAILING 4 - ELECTRONIC COMMUNICATION DEVICE 5 - OTHER ELECTRONIC DEVICE (PERSONAL DEVICE, PAGER, PDA)	6 - OTHER INSIDE THE VEHICLE 7 - EXTERNAL DISTRACTION
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UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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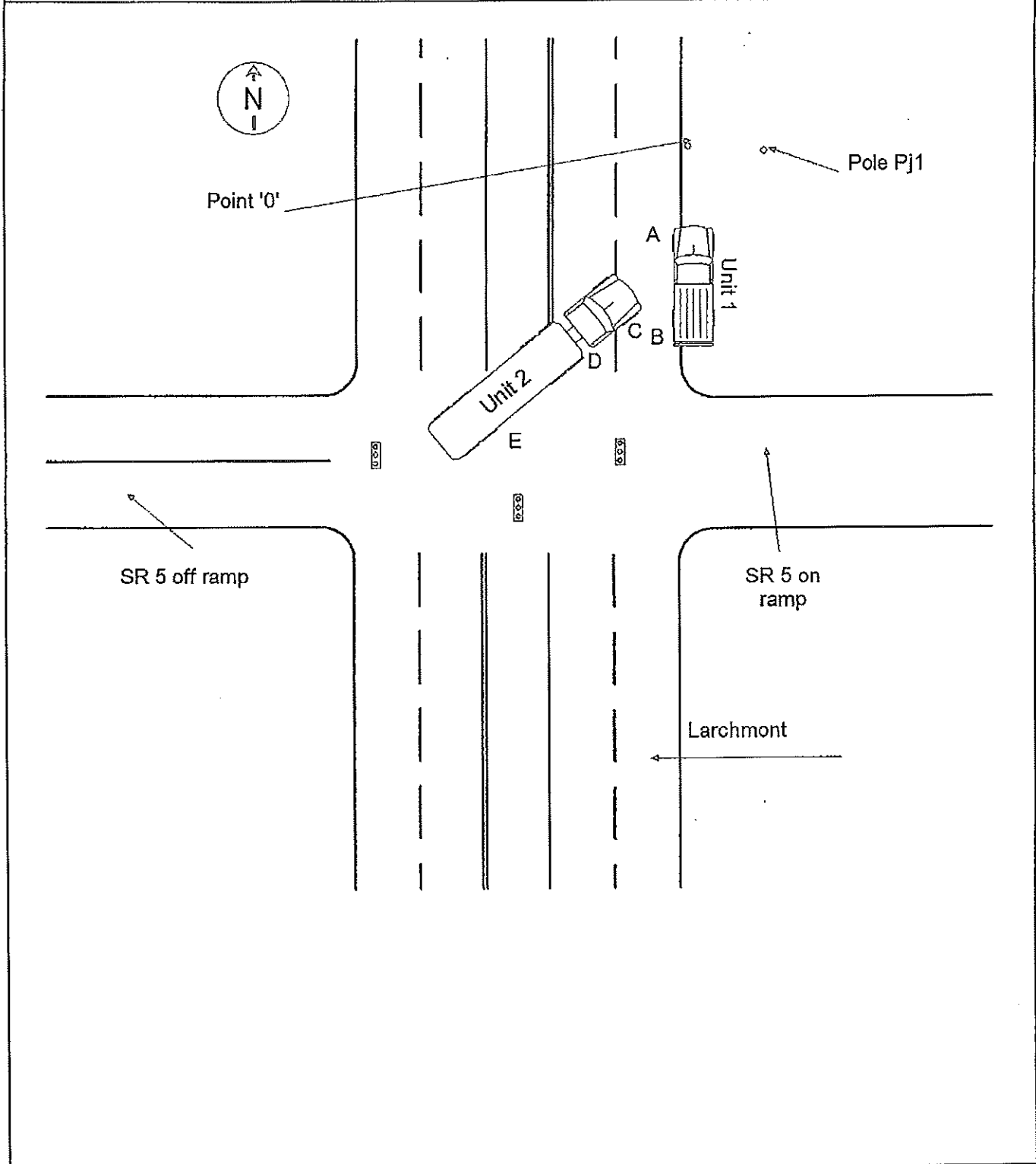
UNIT NUMBER	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	SEX <input type="checkbox"/> F - FEMALE <input type="checkbox"/> M - MALE
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ADDRESS, CITY, STATE, ZIP	CONTACT PHONE - INCLUDE AREA CODE
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INJURIES <input type="checkbox"/>	INJURED TAKEN BY <input type="checkbox"/>	EMS AGENCY	MEDICAL FACILITY INJURED TAKEN TO	SAFETY EQUIPMENT USED	DOT COMPLIANT <input type="checkbox"/> MOTORCYCLE HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
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OHIO TRAFFIC ACCIDENT - CH2 DIAGRAM

LOCAL REPORT NUMBER 78-1037-78	REPORTING AGENCY Ohio State Highway Patrol	REPORTING AGENCY 08/29/2016
IN COUNTY OF Trumbull County	ACCIDENT LOCATION 1429	



OFFICERS SIGNATURE	BADGE NO. 0688
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OHIO TRAFFIC ACCIDENT - OH2 NARRATIVE

LOCAL REPORT NUMBER 78-1037-78	REPORTING AGENCY Ohio State Highway Patrol	DATE OF CRASH 08/29/2016
IN COUNTY OF Trumbull County	ACCIDENT LOCATION 1429	

Damage:

Unit #1- Contact damage to the front bumper, hood, grille, windshield and both front fenders.

Unit #2- Contact damage to the right gas tank and right fender.

No damage to the trailer

RP T791909 TN

General freight

15,000 pounds

Trailer owner same as tractor

Photo's taken by:

Trooper D. E. Walker U-688

This crash is marked no photo's due to a computer malfunction during the upload process. Photo's are not available.

Hazmat was called due to 40 to 50 gallons of gas leaking out of the gas tank fro Unit #2. Ohio EPA was also on scene, they requested Bud's Towing to remove the infected dirt.

Point 'O' is due west of Pole OE Pj1 at the east edge line of the road.

Baseline is the east edge line of the road.

RP	AE	FE	Description
A	6.1	5.4	Left front tire #1
B	10.10	3.0	Right front tire #2
C	13.0	5.4	Left rear tire #1
D	20.4	4.0	Right rear #2
E	48.9	40.0	Right rear trailer #1

OFFICERS SIGNATURE

BADGE NO.

0688

ADMINISTRATIVE	AGENCY NAME Bazetta Township Police Department		*INCIDENT NUMBER-INVESTIGATIVE NUMBER 16-08-145								
	CALL NUMBER		*GEO CODE PRECINCT E								
	TOD 12:11 TOA 12:16 TOC 14:17	<input checked="" type="checkbox"/> INCIDENT (NON-CRIMINAL) <input type="checkbox"/> OFFENSE <input type="checkbox"/> SUPPLEMENT									
	Printed: 08-30-2016 08:20		OHIO UNIFORM INCIDENT REPORT								
*REPORT DATE/TIME		*INCIDENT OCCURED FROM		*INCIDENT OCCURED TO							
MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME	MONTH	DAY	YEAR	TIME
08	30	2016	08:04	08	29	2016	12:09	08	29	2016	14:17
INCIDENT LOCATION (Street, Apt. City, State, Zip) 0 LARCHMONT AVE @ BYPASS, WARREN, OH 44481											
OFFENSE	*OFFENSE	*OFFENSE CODE	*ACC	*PM & DEG.	*HATE/BIAS	*LARCENY	*CNT	*TYPE CRIMINAL ACTIVITY			
	1 ASSIST POLICE DEPT	1 APD						1. 2. 3.	(Enter up to three for each offense)		
	2.	2.						1. 2. 3.	B - Buying/Rec. C - Cultivating/Mfg./Pub. D - Distributing/Selling E - Exploiting Children O - Oper/Promoting/Ass. P - Possessing/Concealing T - Transp/Transmitting U - Using/Consuming		
	3.	3.						1. 2. 3.			
	4.	4.						1. 2. 3.			
*LOCATION OF OFFENSE (Enter up to two)											
RESIDENTIAL STRUCTURE		COMMERCIAL LOCATIONS		RETAIL		OUTSIDE		OTHER		*SUSPECTED OF USING	
01 Single Family Home 02 Multiple Dwelling 03 Residential Facility 04 Other Residential 05 Garage/Shed 06 Transit Facility 07 Government Office 08 School 09 College 87 Library 10 Church 11 Hospital		12 Jail/Prison 13 Parking Garage 14 Other Public Access Buildings 15 Auto Shop 16 Financial Institution 17 Barber/Beauty Shop 18 Hotel/Motel 19 Dry Cleaners/Laundry 20 Professional Office 21 Doctor's Office 22 Other Business Office 23 Amusement Center 24 Rental Storage Facility 25 Other Commercial Service 56 ATM Machine Separate from Bank		59 Daycare Facility 26 Bar 27 Buy/Sel/Trade Shop 28 Restaurant 29 Gas Station 30 Auto Sales Lot 31 Jewelry Store 32 Clothing Store 33 Drugstore 34 Liquor Store 35 Shopping Mall 36 Sporting Goods 37 Grocery/Supermarket 38 Variety/Convenience 39 Department Store		40 Other Retail Store 41 Factory/Mfg/Plant 42 Other Building 43 Yard 44 Construction Site 45 Lake/Waterway 46 Fields/Woods 47 Street 48 Parking Lot 49 Park/Playground 50 Cemetery 51 Public Transit Vehicle 52 Other Outside Location 57 Camp/Campground 64 Rest Area		53 Abandoned / Condemned Structure 55 Arena / Stadium Fairgrounds/Colliseum 56 Cargo Container 60 Dock/Wharf/Freigh/ Modal Terminal 61 Farm Facility 62 Gambling Facility/ Casino/Race Track 63 Military Installation 65 Shelter-Mission/ Homeless 66 Tribal Lands 77 Other		<input type="checkbox"/> A ALCOHOL <input type="checkbox"/> D DRUGS <input type="checkbox"/> C COMPUTER EQUIPMENT <input type="checkbox"/> N NOT APPLICABLE	
*METHOD OF ENTRY		*METHOD OF ENTRY - MOTOR VEHICLE THEFT				*METHOD OF ENTRY - BURGLARY B & E					
<input type="checkbox"/> FORCE <input type="checkbox"/> NO FORCE		<input type="checkbox"/> 01 MOTOR RUNNING/KEYS IN CAR <input type="checkbox"/> 02 UNLOCKED <input type="checkbox"/> 03 DUPLICATE KEY USED <input type="checkbox"/> 04 WINDOW BROKEN <input type="checkbox"/> 05 TOWED		<input type="checkbox"/> 06 HOT WIRE <input type="checkbox"/> 07 SLIM JIM/COAT HANGER <input type="checkbox"/> 08 TUMBLERS REMOVED <input type="checkbox"/> 09 COLUMN PEELED <input type="checkbox"/> 10 IGNITION PEELED		ENTRY EXIT ENTRY EXIT ENTRY EXIT <input type="checkbox"/> 1. BASEMENT <input type="checkbox"/> 1. DOOR <input type="checkbox"/> 1. FRONT <input type="checkbox"/> <input type="checkbox"/> 2. 1st FLOOR <input type="checkbox"/> 2. WINDOW <input type="checkbox"/> 2. SIDE <input type="checkbox"/> <input type="checkbox"/> 3. 2nd FLOOR <input type="checkbox"/> 3. GARAGE <input type="checkbox"/> 3. REAR <input type="checkbox"/> <input type="checkbox"/> 4. OTHER <input type="checkbox"/> 4. SKYLIGHT <input type="checkbox"/> 4. ROOF <input type="checkbox"/> <input type="checkbox"/> 5. OTHER <input type="checkbox"/> 5. OTHER <input type="checkbox"/> 5. OTHER <input type="checkbox"/>		CARGO THEFT <input type="checkbox"/> Y <input type="checkbox"/> N			
METHODS OF OPERATION											
*NO. VICTIMS *VICTIM TYPE *INDIVIDUAL *F. FINANCIAL INSTITUTION *P. POLICE OFFICER (IN THE LINE OF DUTY) *S. SOCIETY *O. OTHER <input type="checkbox"/> B. BUSINESS <input type="checkbox"/> G. GOVERNMENT <input type="checkbox"/> R. RELIGIOUS ORGANIZATION <input type="checkbox"/> U. UNKNOWN											
NAME (Last, First, Middle) _____ PHONE _____											
ADDRESS (Street, Apt., City, State, Zip) _____ PHONE _____											
EMPLOYER NAME AND (Street, Apt., City, State, Zip) _____ ADDRESS _____											
*AGE/ D.O.B. *SEX *RACE <input type="checkbox"/> B <input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> U HEIGHT WEIGHT HAIR EYES											
OCCUPATION _____ *RESIDENT STATUS <input type="checkbox"/> RESIDENT <input type="checkbox"/> MILITARY <input type="checkbox"/> OTHER <input type="checkbox"/> TOURIST <input type="checkbox"/> STUDENT <input type="checkbox"/> UNKNOWN											
<input type="checkbox"/> VICTIM INJURED IF INJURED DESCRIBE INJURIES _____											
*AGG. ASLT/HOMICIDE CIR. *VICTIM/SUSPECT RELATIONSHIP *VICTIM/OFFENSE LINK											
My signature verifies that the information on this report is accurate and true _____ DATE _____											
REPORTING OFFICER RENTZ, SHAWN P. BADGE NO. 1322 DATE 08-30-2016											
APPROVING OFFICER HOVIS, MICHAEL J. BADGE NO. 1301 DATE 08-30-2016											
<input type="checkbox"/> FOLLOW UP If yes, follow-up assignment _____											
ADDITIONAL SUPPLEMENTS <input type="checkbox"/> VICTIM WITNESS <input type="checkbox"/> PROPERTY <input type="checkbox"/> STATEMENTS FORM RECEIVED BY: <input type="checkbox"/> INTELLIGENCE SPECIAL COPIES <input type="checkbox"/> SUSPECT/ARRESTEE <input checked="" type="checkbox"/> NARRATIVE <input type="checkbox"/> OTHER <input type="checkbox"/> INVESTIGATION <input type="checkbox"/> RECORDS											

 INCIDENT NUMBER
16-08-145

INCIDENT REPORT - PART 2

INCIDENT NUMBER **16-08-146**

OFFENSE _____ INCIDENT DATE/TIME **08-29-2016 12:09**

REPORTTEE	NO. _____	NAME (Last, First, Middle) _____	*AGE/ D.O.B _____
	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 _____	LIY _____	LIT _____	VIN/OAN _____	*VALUE _____			
	<input type="checkbox"/> THEFT FROM VEHICLE	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"/> BILL OF SALE <input type="checkbox"/> OTHER						
	STOLEN MOTOR VEHICLE ONLY	NO. STOLEN _____	AREA STOLEN: <input type="checkbox"/> RESID. <input type="checkbox"/> BUSINESS <input type="checkbox"/> RURAL	ADDITIONAL DESCRIPTION _____							
	AUTO INSURANCE NAME (Company) ADDRESS (Street, City, State, Zip) _____									PHONE _____	

PROPERTY	MOTOR VEHICLE RECOVERY ONLY										
	NO. RECOVERED _____	DATE RECOVERED _____	<input type="checkbox"/> STOLEN IN YOUR JURISDICTION								WHERE RECOVERED? _____
	TYPE PROPERTY LOSS (Enter Code Below)										
	1 NONE	2 BURNED	3 COUNTERFEITED/FORGEO	4 DESTROYED/DAMAGED/VANDALIZED	5 STOLEN/ETC	6 SEIZED	7 RECOVERED	8 UNKNOWN	9 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			
		SERIAL NUMBER	NCIC NUMBER			OTHER NUMBER					
	*LOSS CODE	QUANTITY	DESCRIPTION					*PROP CODE	*VALUE		

NARRATIVE

While on patrol, officers were dispatched to the listed location for an accident with injuries. Dispatch went on to advise there were two (2) semis with leaking fuel. I requested OSP to respond and handle the accident. Upon our arrival to the area, we provided traffic control for OSP. Once this agency was no longer needed, we cleared and resumed patrol.

- | | | | | | |
|-------------------------------|----------------------------|------------------------------------------------|---------------------------------|------------------------|-------------------------|
| 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 | 43 Single Occupancy |
| 01 Money | 11 Clothing/Furs | 24 Heavy Construction/Industrial | 74 Watercraft Equip./Parts/ACC. | 33 Automobiles | 47 Other Dwellings |
| 02 Credit/Debit Card | 12 Purse/Wallet/Keys/ID | 25 Building Supplies | 29 Other Equipment | 37 Bicycles | 48 Commercial Bus |
| 03 Negotiable Instruments | 13 Other Personal Effects | 26 Tools | CONSUMABLE ITEMS | 38 Buses | 49 Indus./Bldg. |
| 04 Other Exchange Mediums | HOUSEHOLD ITEMS | 27 Vehicle Parts/Accessories | 50 Alcohol | 39 Trucks | 50 Public Comm. |
| DOCUMENTS | 14 Household Items | 27 Aircraft Parts/Accessories | 31 Drugs/Narcotics | 40 Trailers | 61 Storage |
| 05 Non-Negotiable Instruments | EQUIPMENT | 28 School Supplies | 32 Consumable Goods | 41 Watercraft | 62 Other Structure |
| 06 Personal Papers | 15 Drug/Narcotic Equip. | 28 Artistic Supplies/Accessories | 60 Chemicals | 42 Recreational Veh. | OTHER |
| 07 Documents | 16 Gambling Equipment | 29 Camping/Hunting/Fishing Equipments/Supplies | 61 Crops | 43 Other Motor Veh. | 03 Merchandise |
| 08 Jewelry/Precious Metals | 17 Computer Hardware/Soft. | 30 Law Enforcement Equip. | 63 Explosives | WEAPONS | 04 Other Property |
| 09 Art Objects, Antiques | 18 Office Equipment | 31 Lawn/Yard/Garden Equip. | 65 Fuel | 44 Firearms | 55 Pending Inventory |
| | 19 Stereo TV Equipment | 32 Logging Equipment | ANIMALS | 45 Other Weapons | 65 Identity/ID/Bang's |
| | 20 Recordings - Audio Vis. | 33 Livestock | 34 Household Pets | 64 Firearm Accessories | 71 Metals, Non-Precious |
| | 21 Sports Equipment | 70 Medical/Medical Lab Equip. | | | |

Monday September 26, 2016 Trustee Meeting

Thu 9/22/2016 11:08 AM

From: "Mike Hovis"

To: rdrew@bazettatwp.org

Cc: fparke@bazettatwp.org, cherlinger@bazettatwp.org



Rita,

Below is the following agenda for the police department for Monday September 26, 2016 meeting:

1. Attached resolution for hazmat billing

Also need to sell the following vehicles from impound:

1. 2001 Ford Taurus Vin#1FAHP56S81G109521
2. 2001 Pontiac Grand Am Vin#1G2NF52T31C213988

That is all. Thank you and have a great day!!!

Michael J. Hovis, Chief of Police

Bazetta Township Police Department

2671 McCleary Jacoby Rd.

Cortland, Ohio 44410

Phone: 330-638-5503

Fax: 330-638-9927

mhovis@bazettatwp.org

www.facebook.com/BazettaTownshipPoliceDept

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 September 26, 2016 at 1800 p.m., at Bazetta Township Administration Building, with the following members present:

Trustee Webb Trustee Parke Trustee Hovis; and

WHEREAS, on August 29, 2016, 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 East to Perkins Jones 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).

