

BAZETTA TOWNSHIP TRUSTEES
SPECIAL MEETING MINUTES

Special Meeting
Friday March 22, 2019
9:00am
Township Administration Building
3372 State Route 5 N.E.

PRESENT: Trustee Paul Hovis- PRESENT
Trustee Frank Parke- PRESENT
Trustee Ted Webb- PRESENT
Admin. Sec'y Robyn Metheny - PRESENT

CORRESPONDENCE:

The Park will be open on April 1, 2019.

083-19 To authorize the Fiscal Officer to make the following transfer
*\$2500.00 from 01-A-027 (General Fund- Transfers) to
01-A-03 (General Fund-Travel and Training-Officials)*

Motion: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES

084-19 To authorize the Fiscal Officer to add a line item for Cemetery
(05-A-10) Tornado Repairs in the Bazetta Township Appropriations.

Motion: Webb

Second: Parke

Vote: Hovis YES, Parke YES, Webb YES

085-19 To authorize the Fiscal Officer to add an account number for
Cemetery (05-FB) Tornado- Other in the Bazetta Township Receipts.

Motion: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES

086-19 To accept the following appropriations and submit to the Trumbull County Auditors.

\$110,612.75 (Cemetery (05)/05-A-10) Tornado Repairs

\$10,307.98 (General Bond Retirement (15A)/15-A-01A) Police Equipment Principle

Motion: Webb

Second: Parke

Vote: Hovis YES, Parke YES, Webb YES

087-19 To extend the run-out agreement with BE Solutions utilizing the 3 month option to begin April 1, 2019 through June 30, 2019.

Motion: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES

088-19 To accept a check from Mark Thomas Ford in the amount of \$10,307.98 for the annual lease payment installment for the 2018 Ford Interceptor Utility Vehicle to be paid from the Police Equipment Fund.

Motion: Webb

Second: Parke

Vote: Hovis YES, Parke YES, Webb YES

089-19 To authorize a \$300.00 donation to the Easter Egg Hunt.

Motion: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES

090-19 To adopt the attached Resolution Certifying the Fire Departments' 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: Webb

Second: Parke

Vote: Hovis YES, Parke YES, Webb YES

091-19 To adopt the attached Resolution Certifying the Police Departments' 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: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES

092-19

To accept quotes (see attached) for the maintenance building in the cemetery pending legal review modifying quote to 6" concrete and not to exceed \$47,000.

Motion: Webb

Second: Parke

Vote: Hovis YES, Parke YES, Webb YES


093-19

Motion to adjourn the meeting at 9:08am.

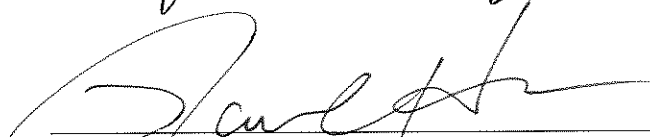
Motion: Parke

Second: Webb

Vote: Hovis YES, Parke YES, Webb YES


Attested by: Admin. Secretary Robyn Metheny

04-09-19
Date


Approved by: Chairman Paul Hovis

4-9-19
Date

MUNICIPAL FINANCE INVOICE



FORD CREDIT

INVOICE NO.	PAYMENT DUE	PAYMENT DUE DATE	ACCOUNT NO.	ENTER AMOUNT PAID
1633323	10,307.98	03/26/2019	9037302	

BAZETTA TOWNSHIP
 ATTN RITA DREW FISCAL OFFICER
 3372 STATE ROUTE 5
 CORTLAND, OH 44410

REMIT PAYMENT TO:

DEPT 43401 - FORD MOTOR MUNI FIN
 PO BOX 67000
 DETROIT, MI 48267-0434

PLEASE RETURN TOP PORTION WITH YOUR PAYMENT



FORD CREDIT

MUNICIPAL FINANCE INVOICE

INVOICE DATE	INVOICE NO.	PAYMENT DUE DATE
03/01/2019	1633323	03/26/2019

Account Information

Invoice Number 1633323
 Account Number 9037302
 Contract Date 03/26/2018
 Maturity Date 03/26/2021
 Equipment Description 2018 FORD POLICE INTERCEPTOR UTILITY
 Department Police Department

Payment Detail

Current Payment 10,307.98
 Past Due Payments 0.00
 Late Charges Due 0.00

TOTAL AMOUNT DUE	10,307.98
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Please Note: 1.8% of payment amount will be added as a late charge if payment is received 10 days after due date per Section 2 of the Master Lease Agreement

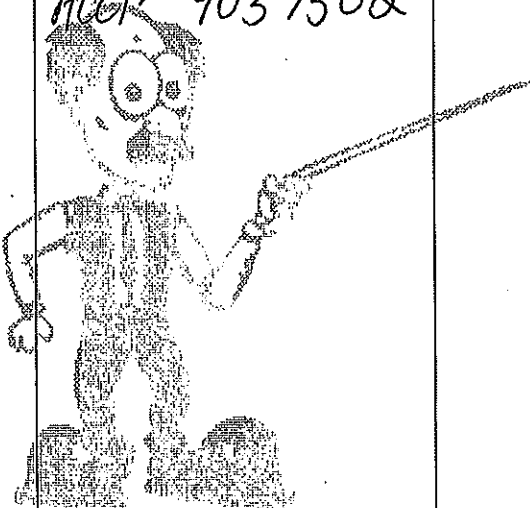
Payment Options	
CHECK	ACH or WIRE TRANSFER
Make checks payable to Ford Motor Credit Company LLC and remit to DEPT 43401 FORD MOTOR MUNICIPAL FINANCE P.O. BOX 67000 Detroit, MI 48267-0434	ABA Routing No.: 072 000 096 For Credit to: Ford Motor Credit Company, Municipal Finance Clearing Account Account No.: 107 613 438 4 Reference your lease number 1633323 and BAZETTA TOWNSHIP in the OBI section

CHECK CONTROL NO. 84590

ISSUED BY: LH

MARK THOMAS FORD
Cortland, Ohio 44410

PAGE 1

INVOICE STOCK NO	INVOICE DATE	PURCHASE ORDER NO.	COMMENT/V.I.N.	AMOUNT	DISCOUNT/ACCOUNT NO	NET AMOUNT
	031919	2019 DONATION				10,307.98
				84590 BAZETTA	10010 15600	-10,307.98 10,307.98
<p><i>FORD MOTOR CREDIT</i> <i>ACCT# 9037302</i></p> 						
				TOTAL	10010	10,307.98

DETACH AT PERFORATION BEFORE DEPOSITING CHECK

REMITTANCE ADVICE

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

WATERMARK ON BACK. HOLD AT ANGLE TO VIEW WHEN CHECKING ENDORSEMENT.



3098 Elm Road Ext., N.E.
Cortland, Ohio 44410
Tel: (330) 638-1010
www.mrlowpayment.com

CORTLAND BANK
CORTLAND, OHIO

84590

84590-56-930
412

MR. LOW PAYMENT®

DATE
19MAR19

PAY THIS AMOUNT		
*****10,307	DOLLARS	98 CENTS

AMOUNT OF CHECK
*****10,307.98

TO REORDER, 8990083 CALL 1-800-237-2572

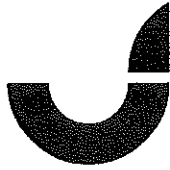
WZ58185-08-18

TO THE ORDER OF

BAZETTA TWP

VOID AFTER 60 DAYS
MARK THOMAS FORD

⑈084590⑈ ⑆041209307⑆ 02029146⑈



JC DELLA LLC

Construction/Home Improvement

4041 YOUNGSTOWN-KINGSVILLE RD CORTLAND, OH 44410
330-360-9085/JCDELLALLC@GMAIL.COM

QUOTE # 2019-01

\$45,600.00

SERVICE: 28X32 GARAGE BUILD

- 28X32 W/12' HIGH WALLS
- ALL EXCAVATING-SLAG-GRADING
- CONCRETE BLOCK
- 4" THICK CONCRETE FLOOR W/WIRE MESH-MIN OF 8" BASE MATERIAL
- 2X6 WALLS-SHEATED W/7/16" OSB-WRAPPED WITH HOUSEWRAP
- WALLS INSULATED TO R19 AND ATTIC TO R49 W/BAFFLES
- TRUSS ROOF SHEATED **W/1/2" OSB**
- ICE/WATER GUARD-SYNTHETIC UNDERLAYMENT-ASPHALT SHINGLES
- ONE 12'WX10'H INSULATED OVERHEAD GARAGE DOOR PLACEE ON SOUTH GABLE END OF BUILDING
- WIRED W/200AMP SERVICE-4 LED LIGHTS-10 RECEPTACLES-W SWITCHES-ONE ELECTRIC HEATER AND RECONNECT CHAPEL SERVICE FEED
- ONE STEEL 36" MAN DOOR PLACED ON EAST SIDE
- GUTTERS AND DOWNSPOUTS DRAINED TO DITCH ON NORTH END
- FULLY SHEAT INTERIOR W/7/16" OSB
- 6 GLASS BLOCK WINDOWS W/VENTS
- WHITE DOUBLE 4 SLIDING -VENTED SOFFITS W/1' OVER HANG ALL AROUND

J&J Construction
 4498 Helsey Fusselman RD NW
 Southington, OH 44470

Estimate # 000060

Phone: 440-635-6860
 Email: jjconstruction67.jj1234@gmail.com

ESTIMATE SUBMITTED TO		TODAY'S DATE	DATE OF PLANS/PAGE #'S
Bazetta Township		03/15/19	
PHONE NUMBER	FAX NUMBER	JOB NAME 28x32 garage	
ADDRESS, CITY, STATE, ZIP		JOB LOCATION Bazetta	

Qty	Description	Rate	Amount
1	excavation		
	footers & block foundation		
	concrete floor		
	2x6 walls		
	shingled roof		
	6 glassblock windows		
	200 amp service, 6 receptacles & 2 lights		
	electric heater		
	insulation		
	osb inside		
	vinyl siding & soffits		
	gutter&downspouts		

TOTAL 48,300

Quote good for 30 days from issuance. After 30 days please call to confirm pricing and re-issue the quote.



March 13, 2019

Ted Webb
Bazetta Township
3372 State Rt 5
Cortland, OH 44410

This Run Out Administration Agreement will cover claims incurred in 2018 and paid in 2019. No claims will be processed for services incurred after the termination date of 12/31/18, the claims will be destroyed and it will be the member's responsibility to notify providers of the change in carriers. BE Solutions will continue to process claims and service the members and providers throughout the term of this agreement.

3 Month Option

Claims will be processed for a period of 3 months after the termination date. The administration fee of \$21.00 per employee, is billed as a lump sum, up front, and no claims will be processed while there is a balance due. The amount billed is based on the eligibility head count as of your December admin invoice. Prior to the end of your 3 month run out period, you may opt to extend the run out for an additional 3 months.

6 Month Option

Claims will be processed for a period of 6 months after the termination date. The administration fee of \$21.00 per employee, is billed as a lump sum, up front, and no claims will be processed while there is a balance due. The amount billed is based on the eligibility head count as of your December admin invoice.

Although most run out claims will typically be paid within the 6 month timeframe, some claims may not be received timely. If BE Solutions receives claims after the run out period, the client may opt to have these claims processed on a per claim basis at a rate of \$3.50 per claim. This amount will be added to your claims listing and the claims payments will not be released until the fees are paid. If the client does not wish to have these claims processed, they will be destroyed.

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 _____, 2019 at _____ p.m., at 3372 State Route 5, with the following members present:

Trustee Hovis Trustee Parke Trustee Webb;
and

WHEREAS, on March 14, 2019, 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 Heaton North RD and Elm Road; 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, Jeannie Eddy 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.

Jeannie Eddy
Fiscal Officer

Date: 3/22/19



Bazetta Fire Department
 3000 Warren Meadville Rd
 Cortland, Ohio 44410
 330-637-4136



Haz-Mat Billing

Heaton North and Elm Road - Bazetta Fire and Bazetta Police Department
 Members

FD Members	Hours	Rate	Total
Dave Walter	1.5	47.00	\$70.5
Rob Wasser	1.5	47.00	\$70.5
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
			\$0.00
Department Members Total			\$141.00

Unit	Hours	Rate	Total
Rescue - Brad Hall Operator	1.5	200.00	\$300.00
Command Vehicle – Dennis Lewis	1.5	100.00	\$150.00
Police Cruiser W/ Officer - Greathouse	1.5	67.00	\$100.50
Police Cruiser W/Officer - Dorindo	1.5	67.00	\$100.50
Ambulance - Ginn	1.5	100.00	\$150.00
Absorbent Pads	200	1.00	\$200.00
Haz-Mat Boom	10	3.25	\$32.50
Oil Dry 40lb bags - stock at station	4	7.99	\$31.96
Vehicle and Equipment Total			\$1065.46

Grand Total	\$1206.46
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Resolution 091-19

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 March 22, 2019 at 0900 AM, at

Bazetta Township Administration Building, with the following members present:

Trustee Houis Trustee Park Trustee WEBB; and

WHEREAS, on March 14, 2019, 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

Heston North Rd. & Elm Rd; 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).

Resolution 090-19

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 _____, 2019 at 4:00 p.m. ^{at} 3372 State Route 5, with the following members present:

Trustee Hovis Trustee Parke Trustee Webb _____;
and

WHEREAS, on March 14, 2019, 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 Heaton North RD and Elm Road; and

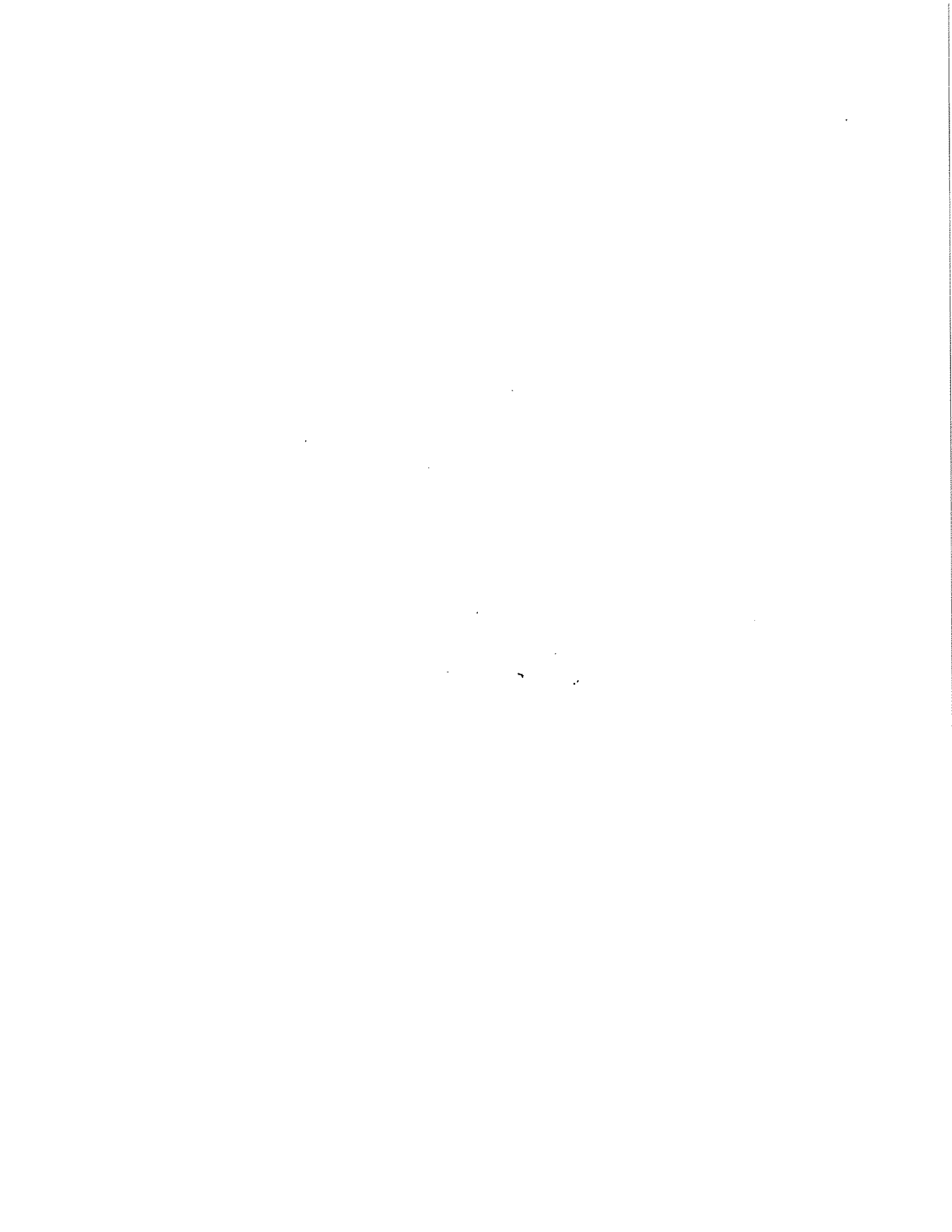
WHEREAS, in responding to the aforementioned emergency situation, the Fire Department incurred necessary and reasonable, additional, or extraordinary costs in investigating, mitigating, minimizing, removing, or abating the spill, release, discharge, or contamination; and

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.



Section 2.

Pursuant to the recommendation of the Fire Department's Chief, the Trustees request that the Prosecuting Attorney bring a civil action for the recovery of the Fire 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 Webb moved for adoption of the Resolution, and the motion was seconded by Trustee Parke. The roll was called in the question of adoption in the following result:

Member: Hovis, Parke, Webb Vote: Yea-Nay-Absent

Adopted: March 22, 2019, 2015

[Signature]
Trustee

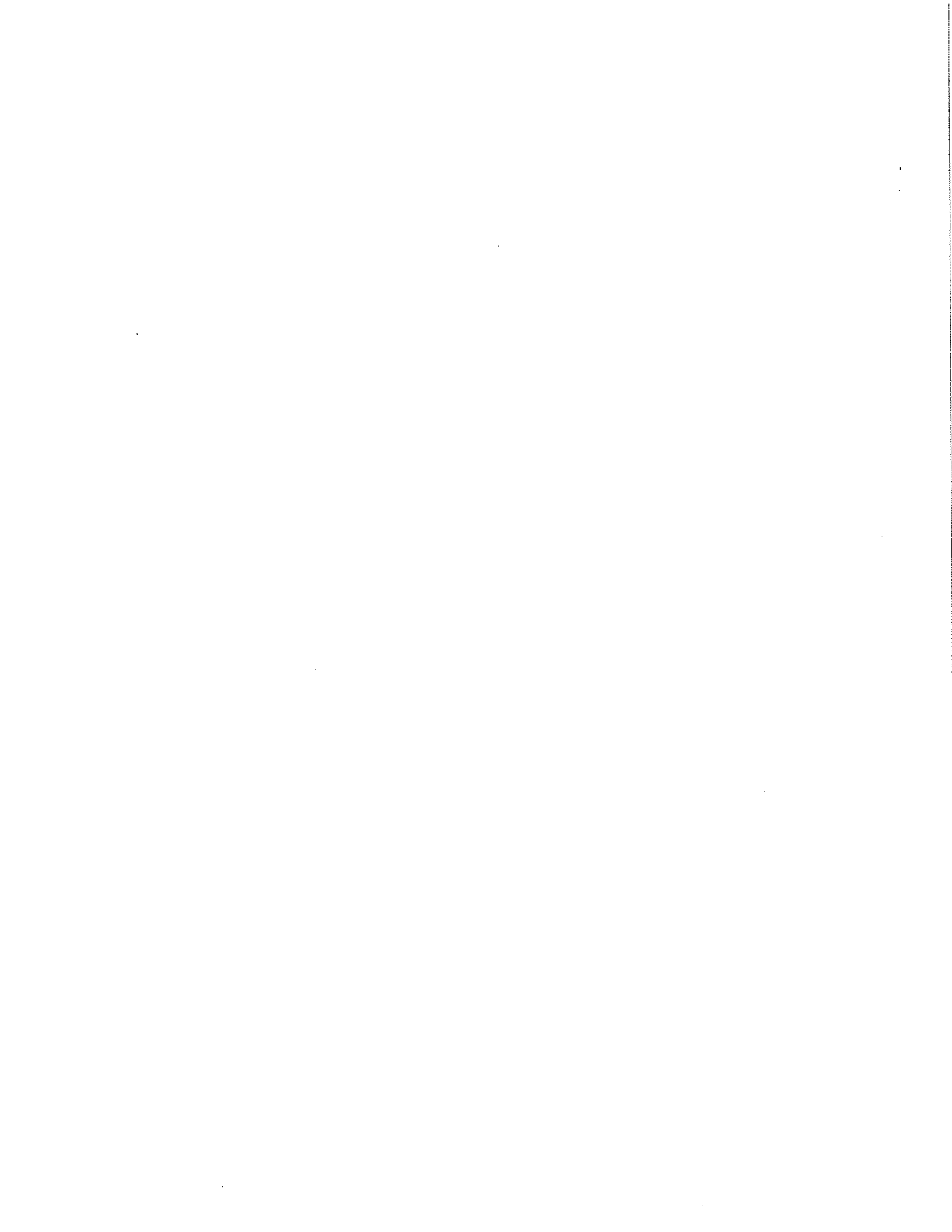
[Signature]
Trustee

[Signature]
Trustee

STATE OF OHIO)
)
COUNTY OF TRUMBULL)

ss:

CERTIFICATE OF THE
FISCAL OFFICER



Jeannie Eddy Fiscal Officer of the
Bahaca 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.

Jeannie Eddy
Fiscal Officer

Date: 3/22/19



A MM DD YYYY
 78101 OH 3 14 2019 11 19-0000220 000 1 Delete Change
 FOLD * State * Incident Date * Station Incident Number * Exposure * Haz No *

NFIRS - 7
 HazMat

B HazMat ID _____ Chemical * Diesel Fuel
 UN Number DOT Hazard Classification CAS Registration Number Name

C1 Container Type 41
 Container Type

C2 Estimated Container Capacity _____, _____, 250
 Capacity: by volume or weight

C3 Units: Capacity Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet
 16 Cubic meters

D1 Estimated Amount Released _____, _____, 40
 Amount released: by volume or weight

D2 Units: Released Check one box
 VOLUME WEIGHT
 11 Ounces 21 Ounces
 12 Gallons 22 Pounds
 13 Barrels: 42 gal. 23 Grams
 14 Liters 24 Kilograms
 15 Cubic feet
 16 Cubic meters

E1 Physical State When Released
 1 Solid
 2 Liquid
 3 Gas
 U Undetermined

E2 Released Into 3
 Released into

More hazardous Materials? Use additional sheets.

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

F2 Population Density
 1 Urban
 2 Suburban
 3 Rural

G1 Area Affected
 1 Square Feet
 2 Blocks
 3 Square miles
 _____, 200
 Enter Measurement

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

G3 Estimated Number of People Evacuated _____, _____

G4 Estimated Number of Buildings Evacuated _____, _____ None

H HazMat Actions Taken Enter up to three actions taken
13 HazMat spill control
 Primary Action Taken (1)

 Additional Action Taken (2)

 Additional Action Taken (3)

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

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

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

K Factors Contributing to Release Enter up to three contributing factors
00 Factors contributing to
 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 None
400 Commercial or medical
 Equipment involved in release

Brand _____
 Model Freightliner
 Serial Number _____
 Year _____

N Mobile Property Involved None In Release
23 Trailer - semi, designed for
 Mobile property type
FR Freightliner
 Mobile property make
 _____ 2000
 Mobile property model Year
84622X WI
 License Plate Number State
1144137
 DOT Number/ ICC Number

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

O HazMat Civilian Casualties
 Deaths _____ Injuries _____

A	78101	OH	3	14	2019	11	19-0000220	000	<input type="checkbox"/> Delete	Vehicle Accident Information
	FDID *	State *	Incident Date *		Station	Incident Number *	Exposure *	<input type="checkbox"/> Change		
Mobile Property Type		23 Trailer - semi, designed for				Accident Type		2120 Left Side		
Vehicle Found		2 Right Side				Position in vehicle				
Ejection/Entrapment		0 Not Applicable								
Vehicle Make		VIN				vehicle license			State	
		Drivers's License#				State				
Extrication Required?		No		Minutes Required		Extrication Agency				

MM DD YYYY

78101

OH

3

14

2019

11

19-0000220

000

Complete
Narrative

FDID *

State *

Incident Date *

Station

Incident Number *

Exposure *

Narrative:

On 03/14/2019 At 00:28:58 Dispatched To On Heaton North Rd Just Off Elm Rd South/cortland, Oh 44410. The Location Is A Street Or Road In Commercial Area. The Incident Was Determined To Be A(n) Gasoline Or Other Flammable Liquid Spill.

00:33:54 Arrived On Scene.

The Following Actions Were Performed On Scene:

- Hazardous Materials Spill Control And Confine
- Notify Other Agencies.
- Provide Equipment

Call Was Reported As A Semi In A Ditch With Unknown Injury First Arriving Companies Found A Commercial Vehicle (Truck And Trailer) With The Driver Side Tractor Of The Semi In A Considerably Large Ditch Found Diesel Fuel Spilling From The Cap On The Saddle Tank, The Truck Driver Advised He Had Just Filled The Tanks With Fuel; Crews Deployed Absorbent Pads, Booms, Oil Dry And Created A Earth Dam To Contain The Spill; An Attempt Was Made To Tighten The Fuel Tank Cap With No Results; A Tow Company Was Requested Asap To Pull The Rig From The Ditch Which Will Stop The Leak - The Tow Company Arrived And The Leak Was Stopped At 0110 Hrs. Underwoods

Trumbull County Haz Mat Was Notified With A Phone Consult; O Dot Was Contacted And Informed Of The Damage To Their Ditch;

Ohio E P A Was Notified And Will Be Monitoring The Situation; A Clean Up Company Was Notified And Is On Going As To When / If They Will Accept The Job;

Estimated Fuel Spill Is 30-40 Gals

O Dot - Joe Parthemer - 330-714-9971 0127 Hrs

Ohio Epa - Larry - 330-388-9085 0130 Hrs

Clean Harbors - 216-386-3928 0203 Hrs On Going

Items Used To Contain Are: Approx 200 Absorb Pads, Approx 12-15 Booms; Approx 5-6 Bags Of Oil Dry Material

Units Responding Were:

- Unit Ch11 Responded.
- Unit M13 Responded.
- Unit R11 Responded.

02:01:58 All Units Back In Service.

March 14, 2019 Additional Information - Chief Lewis Logged

Progressive

Policy 06149415-1

Naic 10194

Artisan Truckers Cas

1-800 444-4482

Po Box 94739

Cleveland, Ohio 44410

78101	OH	MM	DD	YYYY	11	19-0000220	000	Complete Narrative
FDID *	State *	Incident Date *			Station	Incident Number *	Exposure *	
		3	14	2019				

Narrative:

D & W Transportation Llc

Adams Insurance Agent

414-257-2070

Milwaukee Wi.

Dot # 1144137

200 Freightliner

Driver

Mark Fletcher

Dob 04-29-19623

6303 Kirk Street

Schofield, Wi 54476

Phone; 715-393-5954

Boss

Bill Fletcher

715-302-0770

K1 Person/Entity Involved Local Option . DEW Transportation, LLC 715 - 393 - 5954
 Business name (if applicable) Area Code Phone Number

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

Mark Fletcher
 Mr., Ms., Mrs. First Name MI Last Name Suffix

 Number Prefix Street or Highway Street Type Suffix

 Wittenberg
 Post Office Box Apt./Suite/Room City

WI -
 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. DEW Transporttation, LLC 715 - 302 - 0770
 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.

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

 Number Prefix Street or Highway Street Type Suffix

 Wittenberg
 Post Office Box Apt./Suite/Room City

WI -
 State Zip Code

I. Remarks
 Local Option

On 03/14/2019 At 00:28:58 Dispatched To On Heaton North Rd Just Off Elm Rd South/cortland, Oh 44410. The Location Is A Street Or Road In Commercial Area. The Incident Was Determined To Be A(n) Gasoline Or Other Flammable Liquid Spill.

00:33:54 Arrived On Scene.

The Following Actions Were Performed On Scene:
 Hazardous Materials Spill Control And Confine
 Notify Other Agencies.
 Provide Equipment

Call Was Reported As A Semi In A Ditch With Unknown Injury First Arriving Companies Found A Commercial Vehicle (Truck And Trailer) With The Driver Side Tractor Of The Semi In A Considerably Large Ditch Found Diesel Fuel Spilling From The Cap On The Saddle Tank, The Truck Driver Advised He Had Just Filled The Tanks With Fuel; Crews Deployed Absorbent Pads, Booms, Oil Dry And Created A Earth Dam To Contain The Spill; An Attempt Was Made To Tighten The Fuel Tank Cap With No Results; A Tow Company Was Requested Asap To Pull The Rig From The Ditch Which Will Stop The Leak - The Tow Company Arrived And The Leak Was Stopped At 0110 Hrs. Underwoods

Trumbull County Haz Mat Was Notified With A Phone Consult; O Dot Was Contacted And Informed Of The Damage To Their Ditch;

Ohio E P A Was Notified And Will Be Monitoring The Situation; A Clean Up Company Was Notified And Is On Going As To When / If They Will Accept The Job;

Estimated Fuel Spill Is 30-40 Gals

O Dot - Joe Parthemer - 330-714-9971 0127 Hrs

I. Authorization

WALT01 Walter, David CP 03 14 2019
 officer in charge ID Signature Position or rank Assignment Month Day Year

Check Box if same as Officer Member making report ID in charge. WALT01 Walter, David CP 03 14 2019
 Signature Position or rank Assignment Month Day Year

A FDID 78101 * State OH * Incident Date 03 14 2019 * Station 11 Incident Number 19-0000220 * Exposure 000 * Delete Change No Activity **NFIRS -1 Basic**

B Location* Check this box to indicate that the address for this incident is provided on the Midland Fire Census Tract 5 - Module in Section B "Alternative Location Specification". Use only for Midland fires.

Street address Intersection In front of Rear of Adjacent to Directions

Number/Milepost Prefix Street or Highway Street Type Suffix

 CORTLAND OH 44410 -

Apt./Suite/Room City State Zip Code

On Heaton North Rd Just off Elm Rd South

Cross street or directions, as applicable

C Incident Type * 411 Gasoline or other flammable Incident Type

E1 Date & Times Midnight is 0000

Check boxes if dates are the same as Alarm Date. ALARM always required

Alarm * 03 14 2019 00:28:58

Month Day Year Hr Min Sec

ARRIVAL required, unless canceled or did not arrive

Arrival * 03 14 2019 00:33:54

CONTROLLED Optional, except for wildland fires

Controlled

LAST UNIT CLEARED, required except for wildland fires

Last Unit Cleared 03 14 2019 02:01:58

D Aid Given or Received*

1 Mutual aid received Their FDID Their State

2 Automatic aid recv.

3 Mutual aid given

4 Automatic aid given

5 Other aid given

N None Their Incident Number

E2 Shift & Alarms Local Option C 11

Shift or Alarms District Platoon

E3 Special Studies Local Option

Special Study ID# Special Study Value

F Actions Taken *

43 Hazardous materials Primary Action Taken (1)

82 Notify other agencies. Additional Action Taken (2)

75 Provide equipment Additional Action Taken (3)

G1 Resources * Check this box and skip this section if an Apparatus or Personnel form is used.

Apparatus Personnel

Suppression

EMS

Other 0003 0005

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 totalling < 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

700 Livestock/poultry storage (barn)

819 Non-residential parking garage

882 Warehouse

891 Warehouse

936 Vacant lot

938 Graded/care for plot of land

946 Lake, river, stream

951 Railroad right of way

960 Other street

961 Highway/divided highway

962 Residential street/driveway

981 Construction site

984 Industrial plant yard

Lookup and enter a Property Use code only if you have NOT checked a Property Use box:

Property Use 963

Street or road in commercial

A FDID 78101 * State OH * Incident Date 3 14 2019 * Station 11 Incident Number 19-0000220 * Exposure 000 * Delete Change NFIRS - 9 Apparatus or Resources

Apparatus or Resource	Date and Times					Sent	Number of People	Use	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>3</u>	<u>14</u>	<u>2019</u>	<u>00:28</u>	<input checked="" type="checkbox"/>	<u>1</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u>
2 ID <u>M13</u> Type <u>76</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3</u>	<u>14</u>	<u>2019</u>	<u>00:28</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u>
3 ID <u>R11</u> Type <u>71</u>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<u>3</u>	<u>14</u>	<u>2019</u>	<u>00:28</u>	<input checked="" type="checkbox"/>	<u>2</u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input checked="" type="checkbox"/> Other	<u> </u> <u> </u>
4 ID <u> </u> Type <u> </u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </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>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<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>	<input type="checkbox"/>	<u> </u>	<input type="checkbox"/> Suppression <input type="checkbox"/> EMS <input type="checkbox"/> Other	<u> </u> <u> </u>

Type of Apparatus or Resources

- | | | |
|---|---|---|
| <p>Ground Fire Suppression</p> <ul style="list-style-type: none"> 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>Heavy Ground Equipment</p> <ul style="list-style-type: none"> 21 Dozer or plow 22 Tractor 24 Tanker or tender 20 Heavy equipment, other <p>Aircraft</p> <ul style="list-style-type: none"> 41 Aircraft: fixed wing tanker 42 Helitanker 43 Helicopter 40 Aircraft, other | <p>Marine Equipment</p> <ul style="list-style-type: none"> 51 Fire boat with pump 52 Boat, no pump 50 Marine apparatus, other <p>Support Equipment</p> <ul style="list-style-type: none"> 61 Breathing apparatus support 62 Light and air unit 60 Support apparatus, other <p>Medical & Rescue</p> <ul style="list-style-type: none"> 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 | <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>More Apparatus?
Use Additional
Sheets</p> </div> <p>Other</p> <ul style="list-style-type: none"> 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>NN None
UU Undetermined</p> |
|---|---|---|

A		MM	DD	YYYY							<input type="checkbox"/> Delete	NFIRS - 10
FDLE *	78101	OH	3	14	2019	11	19-0000220	000			<input type="checkbox"/> Change	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				<input checked="" type="checkbox"/>		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.			
1	ID CH11	Dispatch	<input checked="" type="checkbox"/>	3	14	2019	00:28	Sent		<input type="checkbox"/> Suppression		
	Type 92	Arrival	<input checked="" type="checkbox"/>	3	14	2019	00:33	<input checked="" type="checkbox"/>	1	<input type="checkbox"/> EMS		
		Clear	<input checked="" type="checkbox"/>	3	14	2019	02:01			<input checked="" type="checkbox"/> Other		
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
LEWI02	Lewis, Dennis	FC	<input checked="" type="checkbox"/>									
2	ID M13	Dispatch	<input checked="" type="checkbox"/>	3	14	2019	00:28	Sent		<input type="checkbox"/> Suppression		
	Type 76	Arrival	<input checked="" type="checkbox"/>	3	14	2019	00:33	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> EMS		
		Clear	<input checked="" type="checkbox"/>	3	14	2019	02:01			<input checked="" type="checkbox"/> Other		
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
GINN01	Ginn, Eric	FFP	<input checked="" type="checkbox"/>									
WASS01	Wasser, Robert	FFP	<input checked="" type="checkbox"/>									
3	ID R11	Dispatch	<input checked="" type="checkbox"/>	3	14	2019	00:28	Sent		<input type="checkbox"/> Suppression		
	Type 71	Arrival	<input checked="" type="checkbox"/>	3	14	2019	00:33	<input checked="" type="checkbox"/>	2	<input type="checkbox"/> EMS		
		Clear	<input checked="" type="checkbox"/>	3	14	2019	02:01			<input checked="" type="checkbox"/> Other		
Personnel ID	Name	Rank or Grade	Attend	Action Taken	Action Taken	Action Taken	Action Taken					
HALL01	Hall, Bradley	FFP	<input checked="" type="checkbox"/>									
WALT01	Walter, David	CP	<input checked="" type="checkbox"/>									

78101

FDID

OH

State

3

14

Incident Date

2019

11

Station

19-0000220

Incident Number

000

Exposure

Responding
Units/Personnel

Unit	Notify Time	Enroute Time	Arrival Time	Cleared Time
CH11 Chief's Car	00:28:58	00:31:33	00:33:54	02:01:58

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

M13 Ambulance	00:28:58	00:31:33	00:33:54	02:01:58
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Staff ID\Staff Name	Activity	Rank	Position	Role
GINN01 Ginn, Eric R.	Fire At Scene	Firefighter	Firefighter	
WASS01 Wasser, Robert	Fire At Scene	Firefighter	Firefighter	

R11 Rescue/Pumper	00:28:58	00:31:33	00:33:54	02:01:58
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Staff ID\Staff Name	Activity	Rank	Position	Role
HALL01 Hall, Bradley A	Fire At Scene	Firefighter	Firefighter	
WALT01 Walter, David	Fire At Scene	Captain	Incident Com	

78101 FDID *	OH State *	MM DD YYYY 3 14 2019 Incident Date *	11 Station	19-0000220 Incident Number *	000 Exposure *	Responding Personnel
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Staff ID\Staff Name	Unit	Activity	Position	Rank	PayScl	Hrs	HrsPd	Pts
LEWI02 Lewis, Dennis K	CH11	FX Fire At Scene	CH	FC		1.55	0.00	1.00
GINN01 Ginn, Eric R.	M13	FX Fire At Scene	FF	FFP		1.55	0.00	1.00
WASS01 Wasser, Robert	M13	FX Fire At Scene	FF	FFP		1.55	0.00	1.00
HALL01 Hall, Bradley A	R11	FX Fire At Scene	FF	FFP		1.55	0.00	1.00
WALT01 Walter, David	R11	FX Fire At Scene	IC	CP		1.55	0.00	1.00

Total Participants: 5

Total Personnel Hours: 7.75

An 'X' next to the unit denotes driver.

78101	OH	3	14	2019	11	19-0000220	000	NFIRS - Involvement User Fields	
<small>FPOD</small>	<small>State</small>	<small>Incident Date</small>		<small>Year</small>	<small>Station</small>	<small>Incident Number</small>	<small>Exposure</small>		

Involvement
Name:
Fletcher, Mark

Involvement
Type:

Owner: Occupant:
 X

Involvement
Name:
Fletcher, Bill

Involvement
Type:

Owner: Occupant:
 X



DISPATCHED CALL SUMMARY

CALL INFORMATION	CALL NUMBER #BAF1900236		NATURE CODE C4F - CRASH WITH REPORTED INJURIES																
	AGENCY BAF - BAZETTA TWP FD		GROUP					RESPONSE CODE C4											
	TIME 03-14-2019 00:28:53		CALL TAKER			CALL TAKER WORKSTATION DISP10			CLASS OF SERVICE E		OOJ FALSE								
	DISPATCHED DATE/TIME 03-14-2019 00:28:58		DISPATCHER			DISPATCHER WORKSTATION DISP7			ORIGIN CODE W911 - WIRELESS 911										
	CLEARED DATE/TIME 03-14-2019 02:02:01		CLEARED USER APROX			CLEARED WORKSTATION DISP7			PRIORITY 1 - 1 PRIORITY 1										
	CANCELLED DATE/TIME		CANCELLED USER			CANCELLED WORKSTATION			CALL STATUS RPT - REPORT TAKEN										
	ADDRESS ELM RD EXT NE/FOUR SEASONS CAR WASH/HARLEY DAVIDSON ACCESS ROAD, BAZE		OVERRIDE FALSE		TOWNSHIP BAZE														
	LOCATION NOTES		GRID																
	CROSS STREET 1			CROSS STREET 2			LATITUDE 41.2765875179305		LONGITUDE -80.7756340037219										
	ESN 834		GEO CODE		DOT #	MAP PAGE	HYDRANT	MILE POST		PLACE									
RESPONSES	POLICE ATOM 1300		POLICE AREA 1300		POLICE ZONE			PD JURISDICTION BAZETTA											
	FIRE RESPONSE AREA 1111		STATION STA11		FD JURISDICTION BAZETTA			RESPONSE C4		LEVEL 0									
	EMS 1199		METHOD		EPD		EFD		EMD										
PERSON	NAME PASSERBY					TYPE C	ORIGIN CODE W911 - WIRELESS 911												
	ADDRESS					PHONE 1		330-809-7182											
	DATE OF BIRTH		SSN	SEX	HEIGHT	HAIR	PHONE 2												
	DL STATE	DL #	RACE	WEIGHT	EYES	CONTACT METHOD													
	PERSON NOTES																		
	PERSON LOCATION NOTES																		
CALL DESCRIPTION	NOTE 03-14-2019 00:28:30 TBIRCH DISP10 SEMI IN THE DITCH IN FRONT OF THE ENTRANCE TO ALDIS. CALLER ADV IT DOESNT APPEAR ANYONE IS HURT BUT NOT SURE.																		
	NOTE 03-14-2019 00:34:14 MDAVID DISP6 1335 -- ADV C2																		
	QUERY 03-14-2019 00:35:28 MDAVID DISP6 REGISTRATION BY PLATE (84622X, OH, AP, 2019)																		
	NOTE 03-14-2019 00:36:52 APROX DISP7 POSS SADDLE TANK RUPTURE																		
	QUERY 03-14-2019 00:38:14 MDAVID DISP6 PERSON BY OLN (F4325598314900, WI)																		
	NOTE 03-14-2019 00:40:54 APROX DISP7 NEED HEAVY DUTY WRECKER TO GET TRUCK OUT TO STOP FUEL LEAK																		
	NOTE 03-14-2019 00:42:09 APROX DISP7 NEED HAZMAT TO CALL CELL 11-111																		
	NOTE 03-14-2019 00:44:12 APROX DISP7 ROAD CLOSED																		
	NOTE 03-14-2019 00:53:44 APROX DISP7 77-101 ADV																		
	NOTE 03-14-2019 01:00:12 APROX DISP7 77-101 ADV PHONE CONSULT ONLY																		
	NOTE 03-14-2019 01:03:04 APROX DISP7 NEED CALLS FROM ODOT SUPERVISOR AND EPA CALL HIS CELL																		
	NOTE 03-14-2019 01:03:13 APROX DISP7 ODOT ADV																		
	NOTE 03-14-2019 01:04:46 MDAVID DISP6 EPA NOTIFIED																		
	NOTE 03-14-2019 01:04:53 APROX DISP7 M13 AVABLE ON SCENE																		
NOTE 03-14-2019 01:09:12 APROX DISP7 LEAK STOPPED = WORKING ON CONTAINMENT																			
NOTE 03-14-2019 01:36:13 APROX DISP7 30 TO 40 GALLONS APP 100 DIRT NEEDS REMOVED																			
NOTE 03-14-2019 01:45:36 APROX DISP7 CLEAN HARBOR ADV																			
NOTE 03-14-2019 02:01:55 APROX DISP7 ALL PARTIES ADVISED																			
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 QRTS	AVL ON SCENE	IN QRTS	CLEAR	MINS	
	BAF	STA11	111 - WALTER, DAVE,														00:29:27	0	
	BAF	M13	121 - WASSER, ROB,															00:35:06	6
	BAF	R11																02:01:56	93
	BAF	M13	121 - WASSER, ROB,															01:59:45	83
	BAF																		
REPORTS	AGENCY	UNIT	REPORT NUMBER			AUTHOR			TYPE			SYSTEM	DATE CREATED			RPT CANC			
	BAF	STA11	#BAF1900221			APROX			AUTO GENERATED				03-14-2019 00:28:58			NO			
	HAZ	77101	#HAZ1900003			APROX			AUTO GENERATED				03-14-2019 00:59:05			NO			

SUPPLEMENTAL CALL DATA

CALL NUMBER #BAF1900236														
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 QRTS	AVL ON SCENE	IN QRTS	CLEAR	MINS
BAF		11QFF												
00:39:46													00:41:00	1
BAF			CH11			101 - LEWIS, DENNIS,								
00:55:54	00:58:54	00:59:19											02:00:31	65
HAZ			77101			77101 - KURIATNYK, KEVIN								
00:59:06													00:59:15	0
NAME FLETCHER, MARK W										TYPE		ORIGIN CODE		
ADDRESS OH										PHONE 1				
DATE OF BIRTH 04-29-1963			SSN		SEX M		HEIGHT		HAIR		PHONE 2			
DL STATE WI		DL #		RACE		WEIGHT		EYES		CONTACT METHOD				
F4325596314900														
PERSON NOTES														
PERSON LOCATION NOTES														
YEAR 2000			MAKE FRHT - FREIGHTLINER				MODEL				COLOR			
STATE WI		PLATE # 84622X		PLATE TYPE APO		EXPIRE DATE 04/30/2019		VEHICLE TYPE						
VIN 1FUYSSE64YLB10898										IMPOUND #				
DISPOSITION							IMMOBILIZATION TYPE							
VEHICLE NOTES														
YEAR 2004			MAKE GREAT DANE TRAILERS INC				MODEL				COLOR			
STATE WI		PLATE # 683047		PLATE TYPE STL		EXPIRE DATE		VEHICLE TYPE						
VIN 1GRAA062X4W000719										IMPOUND #				
DISPOSITION							IMMOBILIZATION TYPE							
VEHICLE NOTES														



TRAFFIC CRASH REPORT

* DENOTES MANDATORY FIELD FOR SUPPLEMENT REPORT.

LOCAL REPORT NUMBER:

1 9 - 0 3 9

PHOTOS TAKEN OH-2 OH-3
 SECONDARY CRASH OH-1P OTHER
 PRIVATE PROPERTY

LOCAL INFORMATION

REPORTING AGENCY NAME:

BAZETTA POLICE DEPARTMENT

NCIC:

0 7 8 1 5

FITS/SKIP:
 1-SOLVED
 2-UNSOLVED

NUMBER OF UNITS
 0 1

UNIT IN ERROR
 0 1 98 - ANIMAL
 99 - UNKNOWN

COUNTY: 7 8 LOCALITY: 3
 1-CITY
 2-VILLAGE
 3-TOWNSHIP

LOCATION: CITY, VILLAGE, TOWNSHIP

BAZETTA (TOWNSHIP OF)

CRASH DATE:

0 3 1 4 2 0 1 9 0 0 2 6

CRASH SEVERITY

5
 1-FATAL
 2-SERIOUS INJURY SUSPECTED
 3-MINOR INJURY SUSPECTED
 4-INJURY POSSIBLE
 5-PROPERTY DAMAGE ONLY

ROUTE TYPE: [] ROUTE NUMBER: [] PREFIX: []
 1-NORTH
 2-SOUTH
 3-EAST
 4-WEST

LOCATION ROAD NAME: HEATON NORTH

ROAD TYPE: R, D

LATITUDE: 4 1 DECIMAL DEGREES: 2 7 6 5 8 7

ROUTE TYPE: S, R ROUTE NUMBER: 0 0 0 0 5 PREFIX: []
 1-NORTH
 2-SOUTH
 3-EAST
 4-WEST

REFERENCE ROAD NAME (ROAD, MILEPOST, HOUSE #)

ROAD TYPE: []

LONGITUDE: 8 0 DECIMAL DEGREES: 7 7 5 6 3 4

REFERENCE POINT: 1
 1-INTERSECTION
 2-MILE POST
 3-HOUSE #

DIRECTION FORM REFERENCE: 3
 1-NORTH
 2-SOUTH
 3-EAST
 4-WEST

ROUTE TYPE: [] ROAD TYPES: []
 INTERSTATE ROUTE (I.P.)
 U.S. ROUTE (U.S.)
 STATE ROUTE (S.R.)
 COUNTY ROUTE (C.R.)
 TOWNSHIP ROUTE (T.R.)
 ALLEY (AL.)
 AVENUE (AV.)
 BLVD (BLVD.)
 BOULEVARD (BO.)
 BRIDGE (BR.)
 CANYON (CA.)
 CIRCLE (CI.)
 COURT (CO.)
 DRIVE (DR.)
 EXPRESSWAY (EX.)
 HIGHWAY (HWY.)
 HIGHWAY (H.W.)
 JUNCTION (JU.)
 LANE (LA.)
 LOOP (LO.)
 MILEPOST (MP.)
 PARKWAY (PK.)
 PLACE (PL.)
 ROAD (RD.)
 SQUARE (SQ.)
 STREET (ST.)
 TERRACE (TE.)
 TRAIL (TR.)
 WAY (WA.)

INTERSECTION RELATED:
 WITHIN INTERSECTION OR ON APPROACH 4
 WITHIN INTERCHANGE AREA NUMBER OF APPROACHES

DISTANCE FROM REFERENCE: 5 0

DISTANCE UNIT OF MEASURE: 2
 1-MILES
 2- FEET
 3-YARDS

ROADWAY:
 ROADWAY DIVIDED

LOCATION OF FIRST HARMFUL EVENT: 4
 1-ON ROADWAY
 2-ON SHOULDER
 3-IN MEDIAN
 4-ON ROADSIDE
 5-ON GORE
 6-OUTSIDE TRAFFICWAY
 7-ON RAMP
 8-OFF RAMP
 9-CROSSOVER
 10-DRIVEWAY, ALLEY ACCESS
 11-RAILWAY GRADE CROSSING
 12-SHARED USE PATHS OR TRAILS
 13-BIKE LANE
 14-TOLL BOOTH
 99-OTHER/UNKNOWN

MANNER OF CRASH COLLISION/IMPACT: 1
 1-NOT COLLISION
 2-TWO MOTOR VEHICLES IN TRANSPORT
 3-REAR-END
 4-REAR-TO-REAR
 5-BACKING
 6-ANGLE
 7-SIDESWIPE, SAME DIRECTION
 8-SIDESWIPE, OPPOSITE DIRECTION
 9-OTHER/UNKNOWN

DIRECTION OF TRAVEL: 1
 1-NORTH
 2-SOUTH
 3-EAST
 4-WEST

MEDIAN TYPE: []
 1-DIVIDED FLUSH MEDIAN (<4 FEET)
 2-DIVIDED FLUSH MEDIAN (>4 FEET)
 3-DIVIDED DEPRESSED MEDIAN (ANY TYPE)
 4-DIVIDED RAISED MEDIAN (ANY TYPE)
 9-OTHER/UNKNOWN

WORK ZONE RELATED
 WORKERS PRESENT
 LAW ENFORCEMENT PRESENT
 ACTIVE SCHOOL ZONE

WORK ZONE TYPE: []
 1-LANE CLOSURE
 2-LANE SHIFT/CLOSURE
 3-WORK ON SHOULDER OR MEDIAN
 4-INTERMITTENT OR MOVING WORK
 5-OTHER

LOCATION OF CRASH IN WORK ZONE: []
 1-BEFORE THE FIRST WORK ZONE WARNING SIGN
 2-ADVANCE WARNING AREA
 3-TRANSITION AREA
 4-ACTIVITY AREA
 5-TERMINATION AREA

ROAD CONTOUR: 4
 1-STRAIGHT LEVEL
 2-STRAIGHT GRADE
 3-CURVE LEVEL
 4-CURVE GRADE
 9-OTHER/UNKNOWN

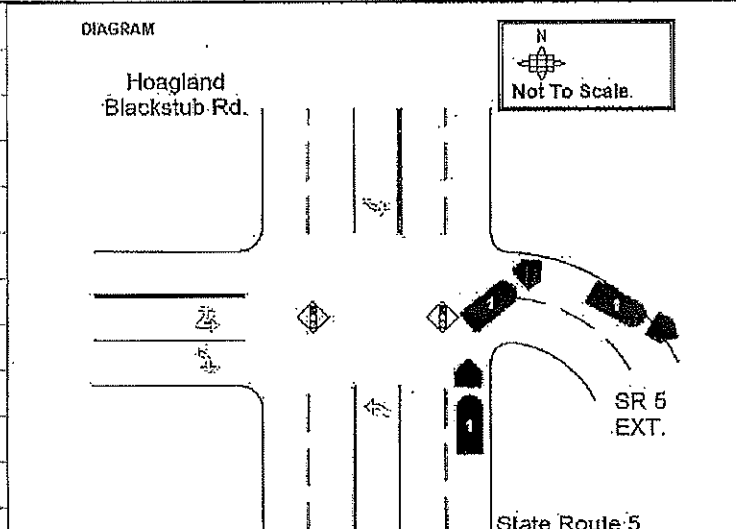
CONDITIONS: 1
 1-DRY
 2-WET
 3-SNOW
 4-ICE
 5-SAND, MUD, DIRT
 6-WATER (STANDING; MOVING)
 7-SLUSH
 9-OTHER/UNKNOWN

SURFACE: 2
 1-CONCRETE
 2-BLACKTOP, BITUMINOUS
 ASPHALT
 3-BRICK/BLOCK
 4-SLAG, GRAVEL
 STONE
 6-DIRT
 9-OTHER/UNKNOWN

LIGHT CONDITIONS: 3
 1-DAYLIGHT
 2-DAWN/DUSK
 3-DARK, LIGHTED ROADWAY
 4-DARK, ROADWAY NOT LIGHTED
 5-DARK, UNKNOWN ROADWAY LIGHTING
 9-OTHER/UNKNOWN

WEATHER: 1
 1-CLEAR
 2-CLOUDY
 3-FOG, SMOG, SMOKE
 4-RAIN
 5-SLEET, HAIL
 6-SNOW
 7-SEVERE CROSSWINDS
 8-BLOWING SAND, SOIL, DIRT, SNOW
 9-FREEZING RAIN OR FREEZING DRIZZLE
 99-OTHER/UNKNOWN

Narrative
Unit #1 was traveling north on State Route 5. Unit #1 turned right onto Heaton North Road. Unit #1 took the turn too wide and went into the ditch.



CRASH REPORTED DATE/TIME: 0 3 1 4 2 0 1 9 0 4 5 3

DISPATCH DATE/TIME: 0 3 1 4 2 0 1 9 0 0 2 9

Arrival Time: 0 3 1 4 2 0 1 9 0 0 3 3

Time Cleared: 0 3 1 4 2 0 1 9 0 2 0 2

REPORT TAKEN BY:
 POLICE AGENCY
 MOTORIST

TOTAL TIME ROADWAY CLOSED: 0 0 0

OTHER INVESTIGATION TIME: 0 4 5

TOTAL MINUTES: 1 3 4

Officer's Name: GREATHOUSE, NATHAN
 Officer's Badge Number: 1324

Checked By: SWIGER, PATRICK
 Checked By Badge: 1332

SUPPLEMENT (CORRECTION OR ADDITION TO THIS REPORT SENT TO GSP)



OHIO UNIT

OWNER

OWNER NAME LAST, FIRST, MIDDLE: DEW TRANSPORTATION LLC, OWNER PHONE: (715) 393-5954

OWNER ADDRESS: STREET, CITY, STATE, ZIP: 520 S UNION ST., SHAWANO, WI, 54166

COMMERCIAL CARRIER: NAME, ADDRESS, CITY, STATE, ZIP: DEW TRANSPORTATION LLC-520 S UNION ST, SHAWANO, WI, 54166

COMMERCIAL CARRIER PHONE: (715) 393-5954

STATE: WI LICENSE PLATE #: 84622X VEHICLE IDENTIFICATION #: 1FUYSSEB4YL B10898 VEHICLE YEAR: 2000 VEHICLE MAKE: FREIGHTLINE

INSURANCE VERIFIED: PROGRESSIVE INSURANCE COMPANY POLICY #: 06149415-1 COLOR: RED VEHICLE MODEL: CC CONVENTI

TYPE OF USE: TYPE OF USE: 1144137 TOWED BY: COMPANY NAME

COMMERCIAL: GOVERNMENT: EMERGENCY RESPONSE: #OCCUPANTS: 01 VEHICLE WEIGHT GVWR/GCWR: 3 1-< 2-10,001-26K LBS. 3-> 26K LBS.

INTERLOCK DEVICE EQUIPPED: HITSKIP UNIT: HAZARDOUS MATERIAL: MATERIAL RELEASED: FLACARD: CLASS #: FLACARD ID #:

UNIT TYPE: 1: PASSENGER CAR 2: PASSENGER VAN (MINIVAN) 3: SPORT UTILITY VEHICLE 4: PICK UP 5: CARGO VAN 6: VAN (8-15 SEATS) 7: MOTORCYCLE 2-WHEELED 8: MOTORCYCLE 3-WHEELED 9: AUTO CYCLE 10: MOPED OR MOTORIZED BIICYCLE 11: ALL TERRAIN VEHICLE (ATV/UTV) 12: GOLF CART 13: SIDEWALL 14: SINGLE UNIT TRUCK 15: SEMI-TRACTOR 16: FARM EQUIPMENT 17: MOTORHOME 18: LIMO (LIVERY VEHICLE) 19: BUS (16+ PASSENGERS) 20: OTHER VEHICLE 21: HEAVY EQUIPMENT 22: ANIMAL WITH RIDER OR ANIMAL DRAWN VEHICLE 23: PEDESTRIAN SKATER 24: WHEELCHAIR (ANY TYPE) 25: OTHER NON-MOTORIST 26: BICYCLE 27: TRAIN 28: UNKNOWN OR HITSKIP

OF TRAILING UNITS: 1

WAS VEHICLE OPERATING IN AUTONOMOUS MODE WHEN CRASH OCCURRED? 0-NO AUTOMATION 1-DRIVER ASSISTANCE 2-PARTIAL AUTOMATION 3-CONDITIONAL AUTOMATION 4-HIGH AUTOMATION 5-FULL AUTOMATION 9-UNKNOWN

SPECIAL FUNCTION: 1: NONE 2: TAXI 3: ELECTRONIC RIDE SHARING 4: SCHOOL TRANSPORT 5: BUS-TRANSIT/COMMUTER 6-BLX-CHARTER/FOUR 7-BUS-INTERCITY 8-BUS-SHUTTLE 9-BUS-OTHER 10-AMBULANCE 11-FIRE 12-MILITARY 13-POLICE 14-PUBLIC UTILITY 15-CONSTRUCTION EQUIPMENT 16-FARM 17-MOWING 18-SNOW REMOVAL 19-TOWING 20-SAFETY SERVICE PATROL 21-MAIL CARRIER 22-OTHER UNKNOWN

CARGO BODY TYPE: 1-NO CARGO BODY TYPE (NOT APPLICABLE) 2-BUS 3-VEHICLE TOWING ANOTHER MOTOR VEHICLE 4-LOGGING 5-INTERMODAL CONTAINER CHASSIS 6-CARGO VAN ENCLOSED BOX 7-GRAIN/CHIPS/RAYEL 8-POLE 9-CARGO TANK 10-FLATBED 11-DUMP 12-CONCRETE MIXER 13-AUTO TRANSPORTER 14-CARRIAGE REFUSE 15-OTHER UNKNOWN

VEHICLE DEFECTS: 1-TURN SIGNALS 2-HEAD LAMPS 3-TAIL LAMPS 4-BRAKES 5-STEERING 6-TIRE BLOWOUT 7-WORN OR SLICK TIRES 8-TRAILER EQUIPMENT DEFECTIVE 9-MOTOR TROUBLE 10-DISABLED FROM PRIOR ACCIDENT 11-OTHER DEFECTS

NON-MOTORIST LOCATION AT IMPACT: 1-INTERSECTION-MARKED CROSSWALK 2-INTERSECTION-UNMARKED CROSSWALK 3-INTERSECTION-OTHER 4-MOBLOCK-MARKED CROSSWALK 5-TRAVEL LANE-Other Location 6-BICYCLE LANE 7-SHOULDER/ROADSIDE 8-SIDEWALK 9-MEDIAN CROSSING ISLAND 10-DRIVEWAY ACCESS 11-SHARED USE PATHS OR TRAILS 12-FIRST RESPONDER AT INCIDENT SCENE 13-OTHER UNKNOWN

ACTION: 1-NON CONTACT 2-NON COLLISION 3-STRIKING 4-STRUCK 5-BOTH STRIKING & STRUCK 6-OTHER UNKNOWN 7-STRAIGHT-AHEAD 8-BACKING 9-CHANGING LANES 10-OVERTAKING/PASSING 11-MAKING RIGHT TURN 12-MAKING LEFT TURN 13-MAKING U-TURN 14-ENTERING OR CROSSING TRAFFIC LANE 15-PARKING 16-SLOWING OR STOPPED IN TRAFFIC 17-ON RIVER/LEES 18-NEGOTIATING A CURVE 19-ENTERING OR CROSSING SPECIFIED LOCATION 20-WALKING, RUNNING, JOGGING, PLAYING 21-WORKING 22-PUSHING VEHICLE 23-APPROACHING OR LEAVING VEHICLE 24-STANDING 25-OTHER NON-MOTORIST 26-STANDING OUTSIDE DISABLED VEHICLE 27-OTHER UNKNOWN

CONTRIBUTING CIRCUMSTANCES: 1-NONE 2-FAILURE TO YIELD 3-RAN RED LIGHT 4-RAN STOP SIGN 5-UNSAFE SPEED 6-IMPROPER TURN 7-LEFT OF CENTER 8-FOLLOWING TOO CLOSE/ACCN 9-IMPROPER LANE CHANGE 10-IMPROPER PASSING 11-DROVE OFF ROAD 12-IMPROPER BACKING 13-IMPROPER START FROM A PARKED POSITION 14-STOPPED OR PARKED ILLEGALLY 15-SWERVING TO AVOID 16-WRONG WAY 17-VISION OBSTRUCTION 18-OPERATING DEFECTIVE EQUIPMENT 19-LOADING SHIFTING/FALLING/SPILLING 20-IMPROPER CROSSING 21-LYING IN ROADWAY 22-NOT DISCERNABLE 23-OPENING DOOR INTO ROADWAY 24-OTHER IMPROPER ACTION

SEQUENCE OF EVENTS

EVENTS: 1: 9 1-OVERTURN/ROLLOVER 2-FIRE/EXPLOSION 3-INVERSION 4-JACKKNIFE 5-CARGO/EQUIPMENT LOSS OR SHIFT 6-EQUIPMENT FAILURE 7-SEPARATION OF UNITS 8-RAN OFF ROAD RIGHT 9-RAN OFF ROAD LEFT 10-CROSS MEDIAN 11-CROSS CENTERLINE- OPPOSITE DIRECTION OF TRAVEL 12-DOWNHILL RUNAWAY 13-OTHER NON-COLLISION 14-PEDESTRIAN 15-PEDAL CYCLE 16-RAILWAY VEHICLE 17-ANIMAL-FARM TRAVEL 18-ANIMAL-OTHER 19-ANIMAL-VEHICLE IN TRANSPORT 20-PARKED MOTOR VEHICLE 21-WORK ZONE MAINTENANCE EQUIPMENT 22-STUCK BY FALLING, SHIFTING CARGO, OR ANYTHING SET IN MOTION BY A MOTOR VEHICLE 23-OTHER MOVABLE OBJECT

COLLISION WITH FIXED OBJECT/STRUCTURE: 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/LUMINARIES SUPPORT 40-UTILITY POLE 41-OTHER POST, POLE OR SUPPORT 42-CURVE 43-CURB 44-DITCH 45-EMBANKMENT 46-FENCE 47-MAILBOX 48-TREE 49-FIRE HYDRANT 50-WORK ZONE MAINTENANCE EQUIPMENT 51-WALL 52-BUILDING 53-TUNNEL 54-OTHER FIXED OBJECT 55-OTHER UNKNOWN

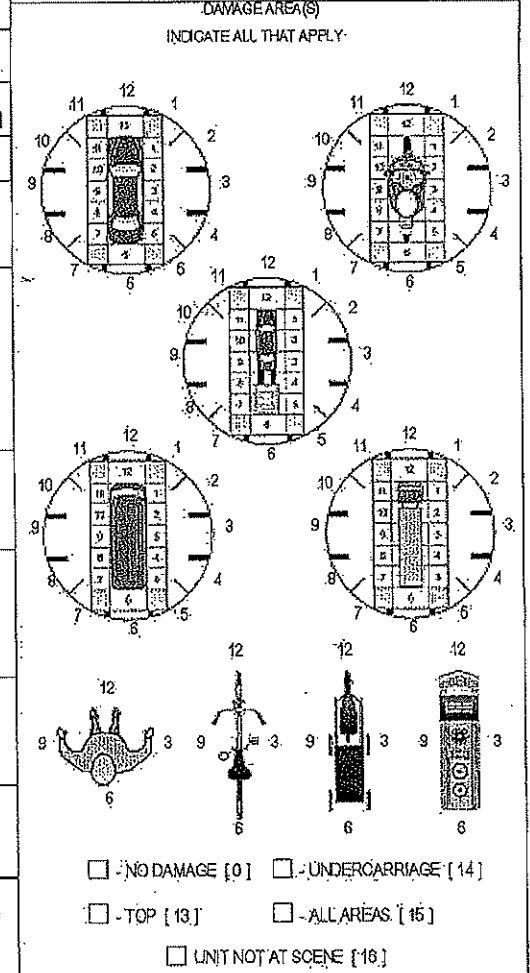
FIRST HARMFUL EVENT: 2 MOST HARMFUL EVENT: 2

LOCAL REPORT NUMBER: 19-039

DAMAGE

DAMAGE SCALE: 1-NONE 2-MINOR DAMAGE 3-FUNCTIONAL DAMAGE 4-DISABLING DAMAGE 9-UNKNOWN

DAMAGE AREA(S): INDICATE ALL THAT APPLY:



TRAFFICWAY FLOW: 1-ONE WAY 2-TWO WAY

TRAFFIC CONTROL: 1-ROUNDABOUT 2-SIGNAL 3-FLASHER 4-STOP SIGN 5-YIELD SIGN 6-NO CONTROL

OF THROUGH LANES ON ROAD: 2

RAIL GRADE CROSSING: 1-NOT INVOLVED 2-INVOLVED-ACTIVE CROSSING 3-INVOLVED-PASSIVE CROSSING

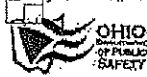
UNIT / NONMOTORIST DIRECTION: FROM 2 TO 3

1-NORTH 2-SOUTH 3-EAST 4-WEST 5-NORTHEAST 6-NORTHWEST 7-SOUTHEAST 8-SOUTHWEST 9-OTHER UNKNOWN

UNIT SPEED: 0, 0, 5

DETECTED SPEED: 1 1-STATED / ESTIMATED SPEED 2-CALCULATED / EDR 3-UNDETERMINED

POSTED SPEED: 1, 5



Motorist / Non-Motorist

LOCAL REPORT NUMBER
19 - 039

UNIT # 0, 1	NAME: LAST, FIRST, MIDDLE FLETCHER, MARK W	DATE OF BIRTH 04291963	AGE 55	GENDER M
ADDRESS: STREET, CITY, STATE, ZIP 6303 KIRK ST, SCHOFIELD, WI, 54476		(715) 393-5954		

INJURIES 5	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED 4	DOT-C COMPLIANT MC HELMET	SEATING POSITION 1	AIR BAG USAGE 1	EJECTION 1	TRAPPED 1
OL STATE WI	OPERATOR LICENSE NUMBER	OFFENSE CHARGED 4511.202	LOCAL CODE	OFFENSE DESCRIPTION OPERATING MOTOR VEHICLE WIT	CITATION NUMBER 021726				
OL CLASS 1	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY 1	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION 1	ALCOHOL TEST STATUS TYPE VALUE	URUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		

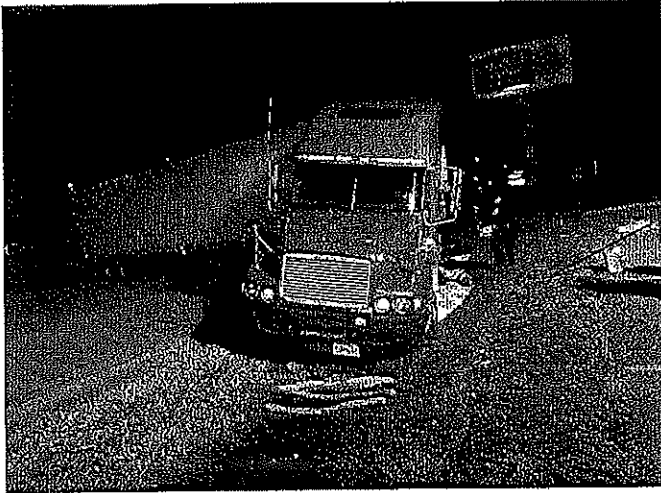
UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE	URUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		

UNIT #	NAME: LAST, FIRST, MIDDLE	DATE OF BIRTH	AGE	GENDER
ADDRESS: STREET, CITY, STATE, ZIP		CONTACT PHONE - INCLUDE AREA CODE		

INJURIES	INJURED TAKEN BY	EMS AGENCY (NAME)	INJURED TAKEN TO: MEDICAL FACILITY (NAME, CITY)	SAFETY EQUIPMENT USED	DOT-C COMPLIANT MC HELMET	SEATING POSITION	AIR BAG USAGE	EJECTION	TRAPPED
OL STATE	OPERATOR LICENSE NUMBER	OFFENSE CHARGED	LOCAL CODE	OFFENSE DESCRIPTION	CITATION NUMBER				
OL CLASS	ENDORSEMENT SELECT UP TO 2	RESTRICTION SELECT UP TO 3	DRIVER DISTRACTED BY	ALCOHOL/DRUG SUSPECTED <input type="checkbox"/> ALCOHOL <input type="checkbox"/> MARIJUANA <input type="checkbox"/> OTHER DRUG	CONDITION	ALCOHOL TEST STATUS TYPE VALUE	URUG TEST(S) STATUS TYPE RESULT SELECT UP TO 4		

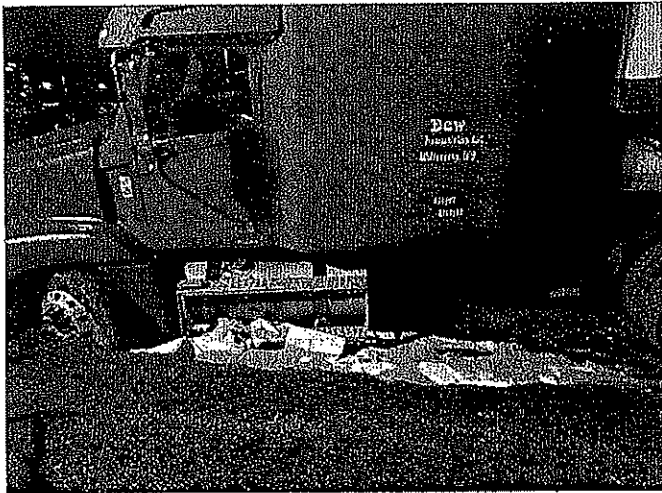
INJURIES	SEATING POSITION	AIR BAG	OL CLASS	OL RESTRICTION(S)	DRIVER DISTRACTION	TEST STATUS
1 FATAL 2 SUSPECTED SERIOUS INJURY 3 SUSPECTED MODERATE INJURY 4 POSSIBLE INJURY 5 NO APPARENT INJURY INJURED TAKEN BY: 1 NOT TRANSPORTED 2 TREATED AT SCENE 3 EMS 4 POLICE 5 OTHER UNKNOWN SAFETY EQUIPMENT: 1 NONE USED 2 SHOULDER BELT ONLY USED 3 LAP BELT ONLY USED 4 SHOULDER AND LAP BELT USED 5 CHILD RESTRAINT SYSTEM FORWARD FACING 6 CHILD RESTRAINT SYSTEM REAR FACING 7 BOOSTER SEAT 8 HELMET USED 9 PROTECTIVE PADS USED (ELBOWS, KNEES, ETC.) 10 REFLECTIVE CLOTHING 11 LIGHTING - PEDESTRIAN BICYCLE ONLY 12 OTHER UNKNOWN	1 FRONT LEFT SIDE (MOTORCYCLE DRIVER) 2 FRONT MIDDLE 3 FRONT RIGHT SIDE 4 REAR LEFT SIDE (MOTORCYCLE PASSENGER) 5 REAR MIDDLE 6 REAR RIGHT SIDE 7 MID LEFT SIDE (MOTORCYCLE DRIVER) 8 MID MIDDLE 9 MID RIGHT SIDE 10 REAR LEFT SIDE (MOTORCYCLE DRIVER) 11 MID MIDDLE 12 MID RIGHT SIDE 13 OTHER UNKNOWN EJECTION: 1 NOT EJECTED 2 PARTIALLY EJECTED 3 TOTALLY EJECTED 4 NOT APPLICABLE TRAPPED: 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 EXTRICATED BY NON-MECHANICAL MEANS	1 FRONT LEFT SIDE (MOTORCYCLE DRIVER) 2 FRONT MIDDLE 3 FRONT RIGHT SIDE 4 REAR LEFT SIDE (MOTORCYCLE PASSENGER) 5 REAR MIDDLE 6 REAR RIGHT SIDE 7 MID LEFT SIDE (MOTORCYCLE DRIVER) 8 MID MIDDLE 9 MID RIGHT SIDE 10 REAR LEFT SIDE (MOTORCYCLE DRIVER) 11 MID MIDDLE 12 MID RIGHT SIDE 13 OTHER UNKNOWN EJECTION: 1 NOT EJECTED 2 PARTIALLY EJECTED 3 TOTALLY EJECTED 4 NOT APPLICABLE TRAPPED: 1 NOT TRAPPED 2 EXTRICATED BY MECHANICAL MEANS 3 EXTRICATED BY NON-MECHANICAL MEANS	1 PASSENGER IN OTHER ENCLOSED CARGO AREA (NON-TRAILING UNIT ONLY) 2 PICKUP WITH CAP 3 PASSENGER IN ENCLOSED CARGO AREA 4 TRAILING UNIT 5 RIDING ON VEHICLE EXTERIOR (NON-TRAILING UNIT) 6 NON-MOTORIST 7 OTHER UNKNOWN	1 NONE 2 NONE 3 NONE 4 NONE 5 NONE 6 NONE 7 NONE 8 NONE 9 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE 17 NONE 18 NONE 19 NONE 20 NONE 21 NONE 22 NONE 23 NONE 24 NONE 25 NONE 26 NONE 27 NONE 28 NONE 29 NONE 30 NONE 31 NONE 32 NONE 33 NONE 34 NONE 35 NONE 36 NONE 37 NONE 38 NONE 39 NONE 40 NONE 41 NONE 42 NONE 43 NONE 44 NONE 45 NONE 46 NONE 47 NONE 48 NONE 49 NONE 50 NONE 51 NONE 52 NONE 53 NONE 54 NONE 55 NONE 56 NONE 57 NONE 58 NONE 59 NONE 60 NONE 61 NONE 62 NONE 63 NONE 64 NONE 65 NONE 66 NONE 67 NONE 68 NONE 69 NONE 70 NONE 71 NONE 72 NONE 73 NONE 74 NONE 75 NONE 76 NONE 77 NONE 78 NONE 79 NONE 80 NONE 81 NONE 82 NONE 83 NONE 84 NONE 85 NONE 86 NONE 87 NONE 88 NONE 89 NONE 90 NONE 91 NONE 92 NONE 93 NONE 94 NONE 95 NONE 96 NONE 97 NONE 98 NONE 99 NONE 100 NONE	1 NONE 2 NONE 3 NONE 4 NONE 5 NONE 6 NONE 7 NONE 8 NONE 9 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE 17 NONE 18 NONE 19 NONE 20 NONE 21 NONE 22 NONE 23 NONE 24 NONE 25 NONE 26 NONE 27 NONE 28 NONE 29 NONE 30 NONE 31 NONE 32 NONE 33 NONE 34 NONE 35 NONE 36 NONE 37 NONE 38 NONE 39 NONE 40 NONE 41 NONE 42 NONE 43 NONE 44 NONE 45 NONE 46 NONE 47 NONE 48 NONE 49 NONE 50 NONE 51 NONE 52 NONE 53 NONE 54 NONE 55 NONE 56 NONE 57 NONE 58 NONE 59 NONE 60 NONE 61 NONE 62 NONE 63 NONE 64 NONE 65 NONE 66 NONE 67 NONE 68 NONE 69 NONE 70 NONE 71 NONE 72 NONE 73 NONE 74 NONE 75 NONE 76 NONE 77 NONE 78 NONE 79 NONE 80 NONE 81 NONE 82 NONE 83 NONE 84 NONE 85 NONE 86 NONE 87 NONE 88 NONE 89 NONE 90 NONE 91 NONE 92 NONE 93 NONE 94 NONE 95 NONE 96 NONE 97 NONE 98 NONE 99 NONE 100 NONE	1 NONE 2 NONE 3 NONE 4 NONE 5 NONE 6 NONE 7 NONE 8 NONE 9 NONE 10 NONE 11 NONE 12 NONE 13 NONE 14 NONE 15 NONE 16 NONE 17 NONE 18 NONE 19 NONE 20 NONE 21 NONE 22 NONE 23 NONE 24 NONE 25 NONE 26 NONE 27 NONE 28 NONE 29 NONE 30 NONE 31 NONE 32 NONE 33 NONE 34 NONE 35 NONE 36 NONE 37 NONE 38 NONE 39 NONE 40 NONE 41 NONE 42 NONE 43 NONE 44 NONE 45 NONE 46 NONE 47 NONE 48 NONE 49 NONE 50 NONE 51 NONE 52 NONE 53 NONE 54 NONE 55 NONE 56 NONE 57 NONE 58 NONE 59 NONE 60 NONE 61 NONE 62 NONE 63 NONE 64 NONE 65 NONE 66 NONE 67 NONE 68 NONE 69 NONE 70 NONE 71 NONE 72 NONE 73 NONE 74 NONE 75 NONE 76 NONE 77 NONE 78 NONE 79 NONE 80 NONE 81 NONE 82 NONE 83 NONE 84 NONE 85 NONE 86 NONE 87 NONE 88 NONE 89 NONE 90 NONE 91 NONE 92 NONE 93 NONE 94 NONE 95 NONE 96 NONE 97 NONE 98 NONE 99 NONE 100 NONE



004.JPG



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006.JPG



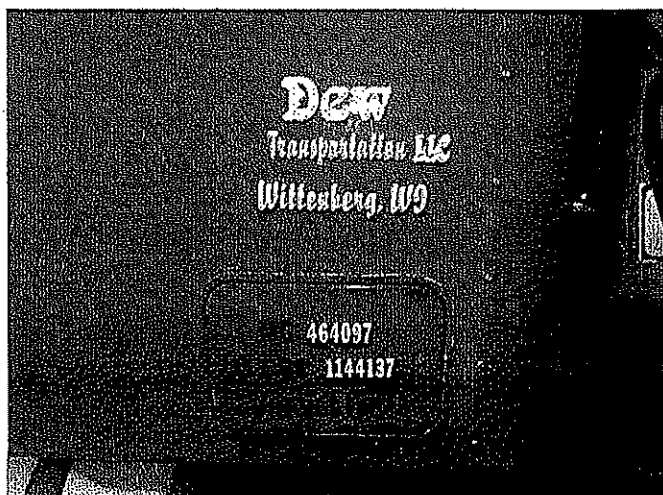
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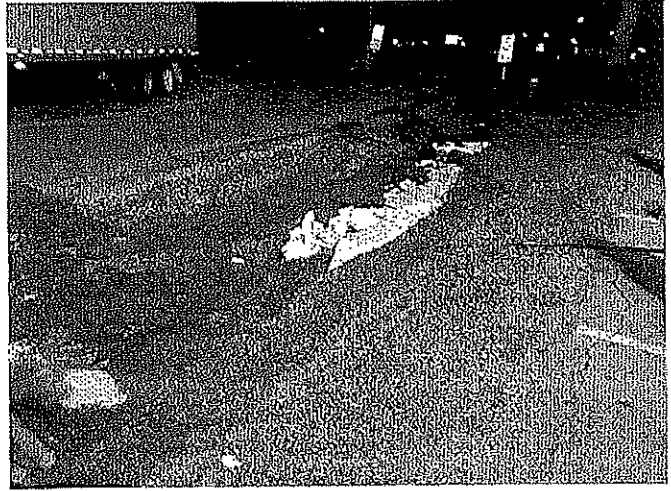
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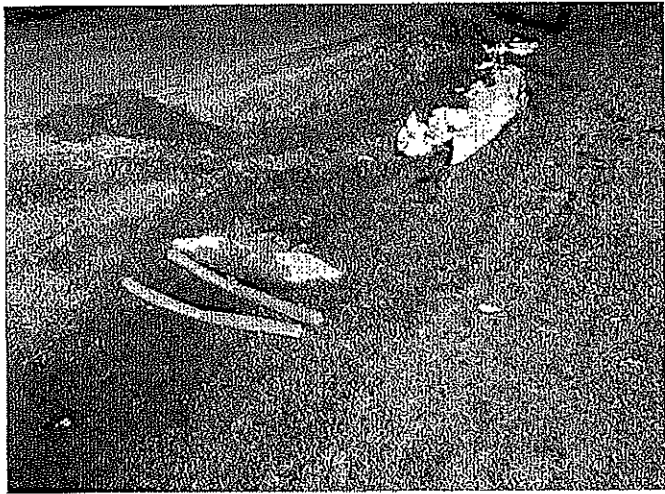
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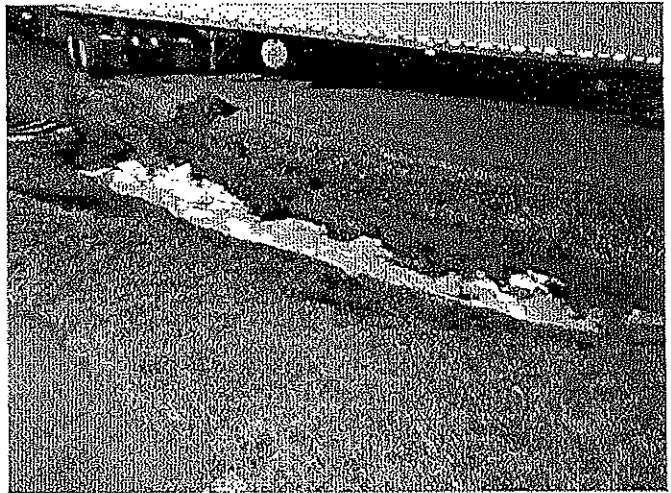
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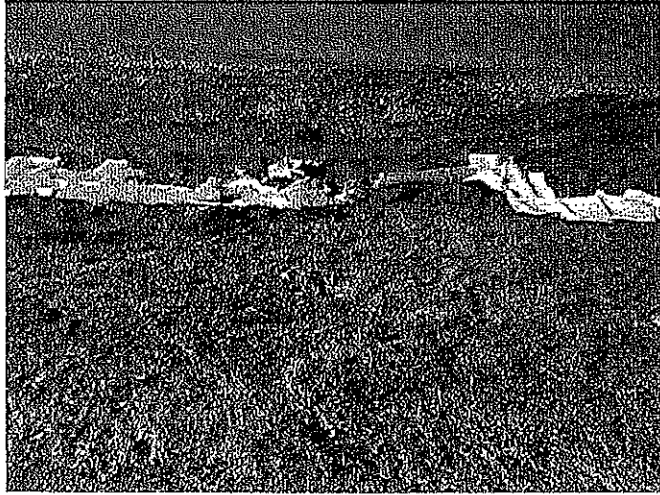
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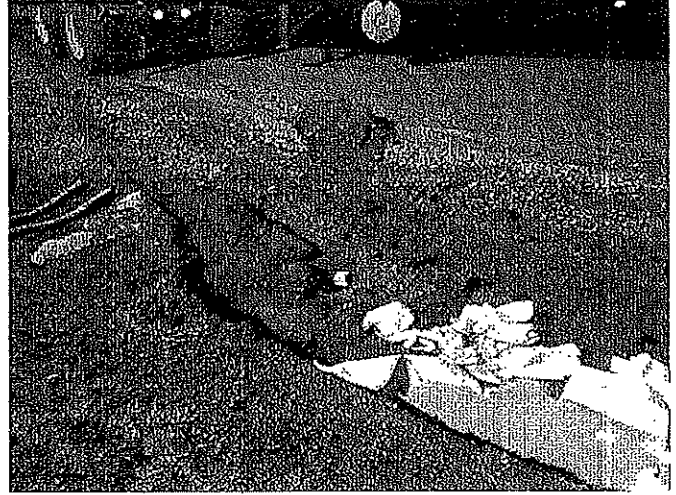
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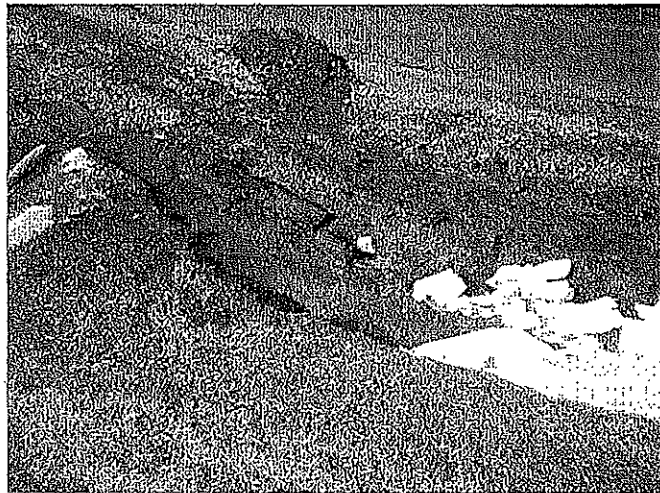
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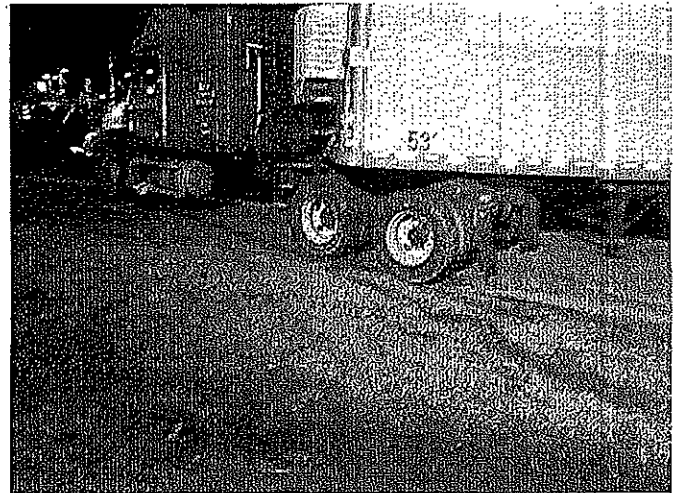
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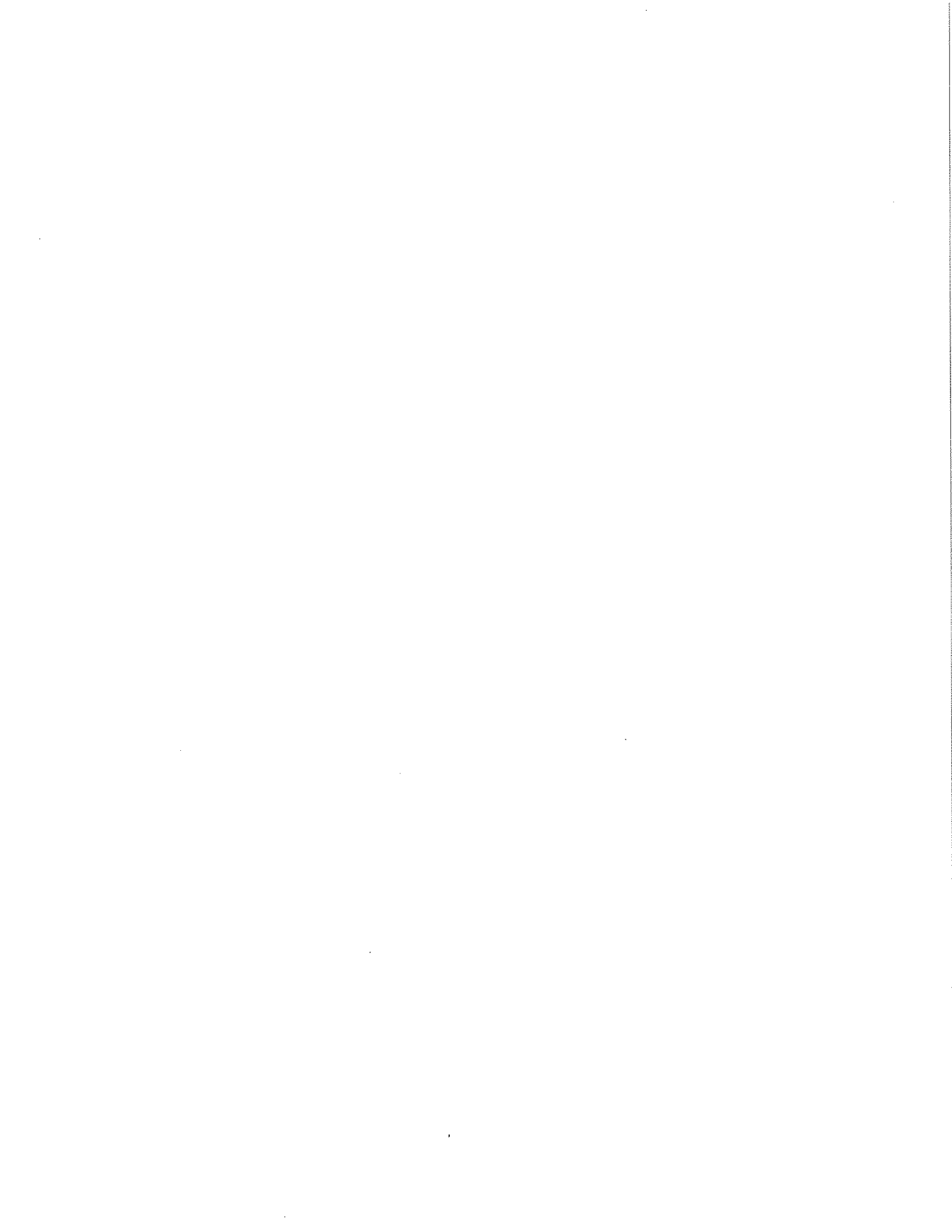
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- 086-19** To accept the following appropriations and submit to the Trumbull County Auditors.
\$110,612.75 (Cemetery (05)/05-A-10) Tornado Repairs
\$10,307.98 (General Bond Retirement (15A)/15-A-01A) Police Equipment Principle
Motion: Webb
Second: Parke
Vote: Hovis YES, Parke YES, Webb YES
- 087-19** To extend the run-out agreement with BE Solutions utilizing the 3 month option to begin April 1, 2019 through June 30, 2019.
Motion: Parke
Second: Webb
Vote: Hovis YES, Parke YES, Webb YES
- 088-19** To accept a check from Mark Thomas Ford in the amount of \$10,307.98 for the annual lease payment installment for the 2018 Ford Interceptor Utility Vehicle to be paid from the Police Equipment Fund.
Motion: Webb
Second: Parke
Vote: Hovis YES, Parke YES, Webb YES
- 089-19** To authorize a \$300.00 donation to the Easter Egg Hunt.
Motion: Parke
Second: Webb
Vote: Hovis YES, Parke YES, Webb YES
- 090-19** To adopt the attached Resolution Certifying the Fire Departments' 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: Webb
Second: Parke
Vote: Hovis YES, Parke YES, Webb YES
- 091-19** To adopt the attached Resolution Certifying the Police Departments' 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: Parke
Second: Webb
Vote: Hovis YES, Parke YES, Webb YES

