U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 2137-0039. The filling out of this information is mandatory and will take 96 minutes to complete.

INSTRUCTIONS

Submit this report to the Information Systems Manager, U.S. Department of Transportation, Pipeline and Hazardous Materials Safety Administration, Office of Hazardous Materials Safety, DHM-63, Washington, D.C. 20590-0001. If space provided for any item is inadequate, use a separate sheet of paper, identifying the entry number being completed. Copies of this form and instructions can be obtained from the Office of Hazardous Materials Website at http://hazmat.dot.gov. If you have any questions, you can contact the Hazardous Materials Information Center at 1-800-HMR-4922 (1-800-467-4922) or online at http://hazmat.dot.gov.

PART I - REPORT TYPE

1. Incident Id: I-2007010070
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/25/2006

4. Time of Incident (use 24-hour time):
07:17

5. Enter National Response Center Report Number (if applicable):
71724

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: ELIZABETH
County: UNION
State: NJ
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NORTH AVENUE EASTHART DRIVE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: TAYLOR OIL CO
Street: 77 SECOND STREET
City: SOMERVILLE
State: NJ
Zip Code: 08876
Federal DOT Id Number: 288497
Hazmat Registration Number: 061405021029NO

11. Shipper/Offeror:
Name: TAYLOR OIL CO
Street: 77 SECOND STREET
City: SOMERVILLE
State: NJ
Zip Code: 08876
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 77 SECOND STREET
City: SOMERVILLE
State: NJ
Zip Code: 08876

13. Destination:
Street: NEW AIRPORT
City: NEWARK
State: NJ
Zip Code: 07114

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL FUEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 700 Liquid - Gallon

20. Was the material shipped as a hazardous waste? False
If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material? False
If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate? False
If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment? False

PART III - PACKAGING INFORMATION

24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
Cargo Tank Motor Vehicle (CTMV)

25. See instructions and enter the appropriate failure codes found at the end of the instructions. Be sure to enter the codes from the list that corresponds to the particular packaging type checked above. Enter the number of codes as appropriate to describe the incident.
Enter the most important failure point in line 1. If there are more than two failure points, provide in this format in part VI.

What Failed: - 137-Manway or Dome Cover
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(Examples: 1A1/Y1.4/150/92/USA/RB/93/RL, UN31H1/Y0493/USA/M9339/10800/1200, DOT - 105A - 100W (RAIL), DOT 406 (HIGHWAY), DOT 51, DOT 3-A)

26b. For Non-bulk, IBC, or non-specification packaging, if identification markings are incomplete or unavailable, see instructions and complete the following:

Single Package or Outer Packaging:	**Single Package or Inner Packaging (if any):**
Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:	2700 Liquid - Gallon	Package Capacity:
Amount in Package:	1600 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:	1	Number Failed:

28. Provide packaging construction and test information, as appropriate:

Manufacturer:	BOSTON STEEL	Manufacture Date:
Serial Number:	A3642E	Last Test Date:
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)	
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)	
Head Thickness:	0.216 INCH (if Tank Car, CTMV)	
Service Pressure:	(if Cylinder)	

If valve or device failed:
Type: OVERFILL SENSOR
Model: SP-TO
Manufacturer: SCULLY SIGNAL

29. If the packaging is for Radioactive Materials, complete the following:
Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present: Transport Index:
Activity:
Critical Safety Index:

PART IV – CONSEQUENCES

30. Result of Incident (check all that apply):

- Spillage:	True	- Fire:	False
- Explosion:	False	- Material Entered Waterway/Storm Sewer:	True
- Vapor (Gas) Dispersion:	False	- Environmental Damage:	False
- No Release:	False		

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #: True
Police Report #: True 06243
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than $500? True

If yes, enter the following information: (If no, go to question 33.)

Material Loss:	$ 2,100.00
Carrier Damage:	$ 40,000.00
Property Damage:	$ 0.00
Response Cost:	$ 24,000.00
Remediation/Cleanup Cost:	$ 55,000.00

(See damage definitions in the instructions)

33a. Did the hazardous material cause or contribute to a human fatality? False

If yes, enter the number of fatalities resulting from the hazardous material:

Employees:	0
Responders:	0
General Public:	0

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many? 0

34. Did the hazardous material cause or contribute to personal Injury? False

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	0
Responders:	0
General Public:	0

Non-Hospitalized:
(e.g.: On site first aid or Emergency Room observation and release)

Employees:	0
Responders:	0
General Public:	0

35. Did the hazardous material cause or contribute to an evacuation? False

If yes, provide the following information:

Total number of general public evacuated:	
Total number of employees evacuated:	
Total evacuated:	
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? True

If yes, how many? 6

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	10
Weather conditions:	CLEAR
Vehicle overturned?	True
Vehicle left roadway/track?	False

PART V - AIR INCIDENT INFORMATION (please refer to S 175.31 to report a discrepancy for air shipments)

38. Was the shipment on a passenger aircraft?

If yes, was it tendered as cargo, or as passenger baggage?

39. Where did the incident occur (if unknown, check the appropriate box for the location where the incident was discovered)?

40. What phase(s) had the shipment already undergone prior to the incident? (Check all that apply)

- Shipment had not been transported
- Transported by air (first flight)
- Transport by air (subsequent flights)
- Initial transport by highway to cargo facility
- Transfer at sort center/cargo facility

PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

- Describe the sequence of events that led to the incident and the actions taken at the time it was discovered. Describe the package failure, including the size and location of holes, cracks, etc. Photographs and diagrams should be submitted if needed for clarification. Estimate the duration of the release, if possible. Describe what was done to mitigate the effects of the release. Continue on additional sheets if necessary.

Describe:

Part VI— Description of Events & Package Failure

A Taylor Oil Co., Inc. driver was making a turn through a jug handle with the green light. While crossing the lanes the light turned amber and a tractor trailer jumped the light and struck the tanker broadside in the rear tires, causing the tanker to roll one and a half times. During the rollover the probe holder in the manhole was knocked out opening a two-inch hole in the manhole cover. The compartment was full and the truck on its side caused the fuel to spill out of the opening. Due to the accident 911 was called and the Port Authority police, Elizabeth Fire, Union County Hazmat, NJ DEP, US Coast Guard, Port Authority Environmental and Staten Island towing were called to scene. These agencies initially boomed waterway around airport with hard boom. A wooden peg was placed in the two-inch opening to slow fuel down. Approximately twenty minutes into the incident, Taylor Oil Co. was called. Taylor Oil called HMHTTC Response and Bull Dog Towing as well as internal company Hazmat and managerial response. Taylor Oil Co engaged in a two week clean up with HMHTTC, DEP and Port Authority Environmental to totally mitigate the incident. The spill and leak could have been minimized if the public agencies would actually use the equipment they have rather than wait for private contractors to do the work.

PART VII - RECOMMENDATIONS/ACTIONS TAKEN TO PREVENT RECURRENCE

- Where you are able to do so, suggest or describe changes (such as additional training, use of better packaging, or improved operating procedures) to help prevent recurrence. Provide recommendations for improvement to hazardous materials transportation beyond the control of your individual company. Continue on additional sheets if necessary.

Describe:

Part VII— Recommendations/Actions Taken to Prevent Recurrence

Specific to the accident site, the duration of the traffic light changing from amber to red needs to be longer. There are six lanes to travel across at the intersection. Overall ways to improve transportation would be to stop granting CDL licenses to individuals who cannot speak or read the English Language.

PART VIII – CONTACT INFORMATION

Contact's Name:	JOHN COSBO
Contact's Title:	FLEET MANAGER
Business Name and Address:	TAYLOR OIL CO
	77 SECOND STREET SOMERVILLE NJ 08876
E-mail Address:	CARBOMETER@AOL.COM
Telephone Number:	908 725-7737
Fax Number:	908 725-7746
Hazmat Registration Number:	
Date:	12/06/2006
Preparer is:	Carrier