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:** E-2006020159
**2. This is to report:** A

## PART II - GENERAL INCIDENT INFORMATION

**3. Date of Incident:**
01/20/2006

**4. Time of Incident (use 24-hour time):**
07:44

**5. Enter National Response Center Report Number (if applicable):**
785819

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

**7. Location of Incident:**
City: SOLSBERRY
County: GREENE
State: IN
Zip Code: (if known): 47459
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SR 45 @ 250 ft from CR350N

**8. Mode of Transportation:** Highway

**9. Transportation Phase:** In Transit

**10. Carrier/Reporter:**
Name: Frette Energy Co., Inc.
Street: 504 W. Walnut
City: WASHINGTON
State: IN
Zip Code: 47501
Federal DOT Id Number: 428716
Hazmat Registration Number: 051603016049LN

**11. Shipper/Offeror:**
Name: Frette Energy Co., Inc.
Street: 504 W. Walnut
City: WASHINGTON
State: IN
Zip Code: 47501
Waybill/Shipping Paper: 158596-020
Hazmat Registration Number: 051603016049LN

**12. Origin (if different from shipper address)**
Street: 12345 E. 1050th Avenue
City: ROBINSON
State: IL
Zip Code: 62454

**13. Destination:**
Street: 120 W. Grimes Lane
City: BLOOMINGTON
State: IN
Zip Code: 47403

**14. Proper Shipping Name of Hazardous Material:** DIESEL FUEL

**15. Technical/Trade Name:** #2 Low Sulfur Diesel

**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) 137 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: - 141-Piping or Fittings; 161-Weld or Seam
How Failed: - 304-Cracked; 304-Cracked
Causes of Failure: - Rollover Accident; Rollover Accident

**26a. Provide the packaging identification markings, if available.**
Identification Markings: MC 306
(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: | 9350 Liquid - Gallon | Package Capacity: | |
| Amount in Package: | 7667 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: | Custom | Manufacture Date: | 06/20/1986 |
| Serial Number: | 1C9A1A2B0GS00107 | Last Test Date: | 10/24/2005 |

Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.187 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.204 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

**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: | False |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | True |
| - No Release: | False | | |

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

| | | |
|---|---|---|
| Fire/EMS Report #: | True | 06-0000014 |
| Police Report #: | True | 28A003006 |
| In-house cleanup: | True | |
| Other Cleanup: | True | |

**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: | $ 240.00 |
| Carrier Damage: | $ 60,000.00 |
| Property Damage: | $ 1,500.00 |
| Response Cost: | $ 5,000.00 |
| Remediation/Cleanup Cost: | $ 23,000.00 |

*(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: | 0 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 0 |
| Duration of the evacuation: | 0 |

**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): | 45 |
| Weather conditions: | overcast |
| Vehicle overturned? | True |
| Vehicle left roadway/track? | True |

## 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:**

Driver was northbound on SR45 and upon entering a left-hand curve, he got too wide and got off the road on the outside of the curve. The soil apron along the highway was soft due to above normal temperatures and rain earlier in the month. Once the tractor and trailer were off the pavement, driver could not pull them back onto the roadway. The ground sloped down and away from the roadway about 4 or 5 feet. The slope away from the roadway caused the tractor-trailer to lean and rollover, finally coming to rest with the tractor on its wheels and the trailer laying on its right side. The twisting action on the trailer caused small leaks in the tank barrel and piping. Immediately the responding fire department helped the driver then proceeded to plug, absorb or collect any spilled product in containers. Upon Frette Energy's arrival on the scene with another tractor-trailer, all product from the wrecked vehicle was transferred into another trailer and the fuel from the tractor saddle tank was transferred into the other trailer. Pads and booms were placed at the entry into a culvert to prevent any product from entering and thereby prohibiting the product from migrating under SR45 and into the soil.

## 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:**

All company employees were required to attend a mandatory meeting on the next business day to update them on the facts of the incident and to remind them of the basic properties of liquid transport and tanker rollover potential as well as company policies in reference to all safety rules. The tractor and trailer had current inspections and the equipment was maintained properly. Employees were advised to always be vigilant in the course of operating a commercial motor vehicle in respect to all aspects of the operation.

## PART VIII – CONTACT INFORMATION

| | |
|---|---|
| Contact's Name: | Steve Frette |
| Contact's Title: | President |
| Business Name and Address: | Frette Energy Co., Inc.<br>504 W. Walnut WASHINGTON IN 47501 |
| E-mail Address: | fretteenergy@sbcglobal.net |
| Telephone Number: | 812-254-3671 |
| Fax Number: | 812-254-6995 |
| Hazmat Registration Number: | |
| Date: | 02/17/2006 |
| Preparer is: | Carrier |

06/20/1986