



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-1992050747
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/15/1992
4. Time of Incident (use 24-hour time):
16:15
5. Enter National Response Center Report Number (if applicable):
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: SOUTH GATE
County: LOS ANGELES
State: CA
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
IMPERIAL HWY & 710 FRWY
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: PAN PACIFIC PETROLEUM
Street: 9302 SO GARFIELD AVE
City: SOUTH GATE
State: CA
Zip Code:
Federal DOT Id Number: MC 214603
Hazmat Registration Number:
11. Shipper/Officer:
- Name: LUNDY-THAGARD OIL CO
Street: 9302 SO GARFIELD AVE
City: SOUTH GATE
State: CA
Zip Code:
Waybill/Shipping Paper: 130628
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 300 NO LAKE AVE
City: PASADENA
State: CA
Zip Code: 91101
14. Proper Shipping Name of Hazardous Material: GAS OIL
15. Technical/Trade Name: LVGO
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1202

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 300 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Portable Tank

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: -

How Failed: -

Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.

Identification Markings:

(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:
Material of Construction:
Head Type (Drums only):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 8500 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer: CLOUGH EQUIPMENT CO INC
Serial Number: C1042
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date:
Last Test Date: 12/18/1991

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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: | False |
| - No Release: | False | | |

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

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

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: \$ 200.00
Carrier Damage: \$ 15,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 0.00

(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:
Responders:
General Public:

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

False

If yes, how many?

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:
Responders:
General Public:

Non-Hospitalized:

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

Employees:
Responders:
General Public:

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: 0
Duration of the evacuation:

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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

True

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions:
Vehicle overturned?
Vehicle left roadway/track?

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:

PHYSICAL EVIDENCE-1) LOCKED WHEEL SKIDMARKS, 2) VEHICLE DEBRIS AND 3) GAS/OIL (REFER TO LEGEND FOR LOCATIONS). STATEMENTS-P-1 (MARTINEZ) STATED WAS OBTAINED BY OFFICER LESSENTINE #10. P-1 RELATED HIS STATEMENT IN SPANISH TO A. GARCIA #217 OF ADAMS AMBULANCE #40. P-1 RELATRED IN ESSENCE THAT HE WAS TRAVELLING S/B I-710 IN THE #2 LANE AT 55 MPH 30' BEHIND A BLK P/U. HE RELATED THAT THE BLK P/U SLAMMED ON ITS BRAKES AND SLOWED SUDDENLY. HE SLAMMED ON HIS BRAKES AND REAR ENDED THE P/U WHICH CAUSED HIM TO LOSE CONTROL OF V-1. P-1 DOES NOT REMEMBER WHAT HAPPENED AFTER THAT. P-2 (SANDOVAL) RELATED HIS STATEMENT IN SPANISH TO OFFICER PEREZ #11478. P-1 RELATED IN ESSENCE THAT HE WAS TRAVELLING S/B I-710 IN THE #2 LANE AT 50 MPH. WHEN A SMALL TAN CAR SUDDENLY APPLIED ITS BRAKES IN FRONT OF HIM TO CHANGE INTO THE #3 LANE. HE APPLIED HIS BRAKES AND WAS REAR ENDED BY A BOBTAIL. HE DIDN'T SEE ANY OF THE ACCIDENT BECAUSE HE WAS TRYING TO REGAIN CONTROL OF V-2. P-3 (NEZ) RELATED IN ESSENCE THAT HE WAS TRAVELLING S/B I-710 IN THE #3 LANE AT 50 MPH. HE OBSERVED A VEHICLE CHANGE FROM THE #2 LANE TO THE OFF-RAMP CUTTING IN FRONT OF THE BOBTAIL WHICH WAS S/B IN THE #2 LANE AHEAD OF V-3. P-3 RELATED THAT THE BOBTAIL SLAMMED ON ITS BRAKES AND HE SAW SMOKE EVERYWHERE. HE OBSERVED THE BOBTAIL SLIDING SIDEWAYS INTO THE #3 LANE. P-3 THEN BRAKED HARD AND SWERVED TO THE RIGHT TO AVOID COLLIDING WITH THE BOBTAIL. HE FELT A JOLT AND CAME TO A STOP. HE IMMEDIATELY EXITED HIS VEHICLE TO SEE IF EVERYONE WAS OK. P-4 (MCALLISTER) RELATED IN ESSENCE THAT SHE WAS TRAVELLING S/B I-710 IN THE #4 LANE AT 55 MPH. SHE OBSERVED A BOBTAIL IN THE #2 LANE 100' IN FRONT OF HER. SHE RELATED THAT THE BOBTAIL LOCKED ITS WHEELS AND STARTED SLIDING SIDEWAYS. SHE BRAKED HARD FEARING THE BOBTAIL WAS GOING TO SLIDE INTO HER VEHICLE. SHE DOES NOT REMEMBER WHAT HAPPENED AFTER THAT. OPINIONS AND CONCLUSIONS-V-2 (CHEV. P/U) WAS TRAVELLING S/B I-710 IN THE #2 LANE AT 50 TO 55 MPH. V-1 (FORD BOBTAIL) WAS TRAVELLING S/B I-710 IN THE #2 LANE AT 50 TO 55 MPH 30' BEHIND V-2. V-3 (KENWORTH TANKER) WAS TRAVELLING S/B I-710 IN THE #3 LANE AT 50 TO 55 MPH TO THE REAR OF V-2. V-4(CHEV BLAZER) WAS TRAVELLING S/B I-710 IN THE #4 LANE AT 50 TO 55 MPH TO THE REAR OF V-3. THIS COLLISION OCCURRED WHEN V-3 SLOWED SUDDENLY DUE TO A VEHICLE IN FRONT OF IT SLOWING. P-1 APPLIED HIS BRAKES ABRUPTLY LOCKING V-1'S WHEELS. P-1 LOST CONTROL OF V-1 AND REAR ENDED V-2. P-3 OBSERVED V-1 SLIDING OUT OF CONTROL INTO HIS LANE. P-3 BRAKED HARD AND SWERVED TO THE RIGHT IN AN ATTEMPT TO AVOID CONTACT WITH V-1. V-3'S L/SIDE SIDESWIPE THE R/SIDE OF V-1. V-3'S TRAILER THEN JACK-KNIFED CAUSING IT TO ROLL ONTO ITS L/SIDE STRIKING THE R/REAR CORNER OF V-1. THE FORCE OF THE IMPACT THEN CAUSED THE TRAILER TO UPRIGHT AND THEN CONTINUE TO ROLL ONTO ITS R/SIDE ROLLING COMPLETELY OVER THE TOP OF V-4 WHICH WAS IN THE #4 LANE. POINTS OF IMPACT-PO1 #1 (V-1 VS V-2) 356' N OF THE N/RDWAY EDGE OF IMPERIAL HWY AND 30' E/OF THE W/RDWAY EDGE OF I-710. POI #2 (V-3 VS V-1) 310' N/OF THE N/RDWAY EDGE OF IMPERIAL HWY AND 20' E/ OF THE W/RDWAY EDGE OF I-710. POI #3 (V-3'S TRAILER VS V-1) 270' N/OF THE N/RDWAY EDGE OF IMPERIAL HWY AND 17' E/OF THE W/RDWAY EDGE OF I-710. POI #4 (V-3'S TRAILER VS V-4) 240' N/OF THE N/RDWAY EDGE OF IMPERIAL HWY AND 10' E/OF THE W/RDWAY EDGE OF I-710. (POI'S WERE ESTABLISHED BY PHYSICAL EVIDENCE, STATEMENTS AND VEHICLE DAMAGE). CAUSE - P-1 (MARTINEZ) CAUSED THIS COLLISION IN VIOLATION OF 21703 V.C., FOLLOWING TOO CLOSE. RECOMMENDATIONS - NONE ADDITIONAL INFORMATION - V-3 WAS TRANSPORTING APPROX 3,000 GALLONS OF LIGHT VACUUM GAS OIL WITH A 200" FLASHPOINT. APPROX 300 GALLONS SPILLED. NO PLACARDS REQUIRED - CLEANUP WAS DONE BY ADVANCED CLEANUP TECHNOLOGIES INC., 20928 LAMBERTON AVE., CARSON, CA. 90810 (310) 763-1423.

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 VIII – CONTACT INFORMATION

Contact's Name: JERRY SNYDER
Contact's Title: VICE PRESIDENT
Business Name and Address:

E-mail Address:
Telephone Number: 8055893200
Fax Number:
Hazmat Registration Number:
Date: 05/19/1992
Preparer is: