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-2008060162
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/24/2008

4. Time of Incident (use 24-hour time):
19:50

5. Enter National Response Center Report Number (if applicable):
872028

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

7. Location of Incident:
City: BULLHEAD CITY
County: MOHAVE
State: AZ
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
E/B 163@95

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: KAG WEST, LLC.
Street: 4076 SEAPORT BLVD
City: WEST SACRAMENTO
State: CA
Zip Code: 95691
Federal DOT Id Number: 134406
Hazmat Registration Number: 060903551031LN

11. Shipper/Offeror:
Name: SIMONS PETROLEUM, INC.
Street: 1120 NW 63RD
City: OKLAHOMA CITY
State: OK
Zip Code: 73116
Waybill/Shipping Paper: 1066603
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 5049 N SLOAN
City: LAS VEGAS
State: NV
Zip Code: 89115

13. Destination:
Street: 946 W BEALE
City: Kingman
State: AZ
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: ULTRA 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) 3656 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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: (HIGHWAY) MC306
(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:	0	Package Capacity:	
Amount in Package:	0	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:	BEALL	Manufacture Date:	01/01/2000
Serial Number:	BT29147-00	Last Test Date:	10/10/2007
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:

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:	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
In-house cleanup:	False
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:	$ 10,968.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 150,000.00
Response Cost:	$ 40,000.00
Remediation/Cleanup Cost:	$ 100,000.00

(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? 12

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

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	Sundown/Dry
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:

Truck was loaded in Las Vegas, NV, destination Kingman, AZ. via E/B 163. This highway begins at route 95 and ascends 4 miles then descends 15 miles at variousgrades up to 6%. Towards the bottom the state has built a truck run away ramp. Our driver began his descent and at some point recognized his speed was to fast for conditions, he attempted to gear down in order to slow the descent however missed hisshift and the truck accelerated past the point of being able to reinsert the gear. Because the truck was not in gear the engine brake was inoperable, the drive train could not beused to slow the vehicle and only the brakes remained as a stopping device. They overheated rapidly because of the vehicle speed and weight and failed. The driverfailed to use the run away ramp and collided with 3 cars waiting at a traffic signal at the bottom of the hill. One collision broke the steering axel suspension on the truck causing the truck to turn right and rollover. The puncture in the cargo tank was caused by a large boulder and the release of cargo was instantaneous.

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:

During the investigation, it was revealed the although the driver was qualified by yearsof experience and a good safety record that he had never encountered a grade assteep as this one in equipment of this weight and configuration. Our safety process is abehavior based system and this driver was obligated to tell a dispatcher or supervisor prior to accepting the work if he was apprehensive of his ability to manage the grade;he did not. This information will be shared with all drivers at our next round of safety meetings and the truck will be been placed at all of our terminals for a brief period as a discussion generator. We have witnessed the results of this approach where the truck is now an feel it makes the largest safety impact.

PART VIII – CONTACT INFORMATION

Contact's Name:	BRUCE REDMON
Contact's Title:	SMS STEWARD & DIRECTOR OF SAFETY
Business Name and Address:	KAG WEST LLC
	4076 SEAPORT BLVD WEST SACRAMENTO CA 95691
E-mail Address:	bredmon@thekag.com
Telephone Number:	9163718241
Fax Number:	9163717701
Hazmat Registration Number:	
Date:	05/30/2008
Preparer is:	Carrier

01/01/2000