



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-2018010232
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/13/2017
4. Time of Incident (use 24-hour time):
07:30
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: CORNVILLE
County: CUMBERLAND
State: ME
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ON EAST RIDGE ROAD NEAR AMES R
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: DEAD RIVER COMPANY
Street: 500 KENNEDY MEMORIAL DRIVE
City: WATERVILLE
State: ME
Zip Code: 04901
Federal DOT Id Number: 164906
Hazmat Registration Number: 052217550041Z
11. Shipper/Offendor:
- Name: DEAD RIVER COMPANY
Street: 500 KENNEDY MEMORIAL DRIVE
City: WATERVILLE
State: ME
Zip Code: 04901
Waybill/Shipping Paper:
Hazmat Registration Number: 052217550041Z
12. Origin (if different from shipper address)
- Street: 85 WATERVILLE RD
City: SKOWHEGAN
State: ME
Zip Code: 04976
13. Destination:
- Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: KEROSENE
15. Technical/Trade Name: KEROSENE
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1223

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 750 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: -

Causes of Failure: - Abrasion

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

Identification Markings: NO MARKINGS GIVEN

(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:
Amount in Package:
Number in Shipment:
Number Failed:

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

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

Manufacturer: TRANSTEC
Serial Number: AB 92 -1718
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 (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: 09/01/1992
Last Test Date: 12/01/1992

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 #: True 640
Police Report #: False
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: \$ 3,700.00
Carrier Damage: \$ 70,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
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?

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): 40
Weather conditions: CLEAR DAY
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:

ON MONDAY, NOVEMBER 13TH, 2017, 0730

DRIVER WAS DRIVING A DIST TRUCK NORTH ON EAST RIDGE ROAD IN CORNVILLE, ME. HE HAD ALREADY MADE ONE STOP FOR THE DAY.

TRAVELING NORTH AT 40 MPH, DRIVER WENT OVER SLIGHT RISE IN THE ROAD (NEAR AMES RD). AS WE WENT OVER THE SLIGHT RISE IN THE RD THE PASSENGER SIDE TIRES OF THE VEHICLE WENT OFF THE PAVEMENT AND INTO THE SOFT SHOULDER.

THE VEHICLE WAS IN THE SOFT SHOULDER FOR 200 FT BEFORE THE VEHICLE STEERED BACK ONTO THE PAVEMENT. AS THE TRUCKS FRONT TIRES RETURNED TO THE PAVEMENT AND OVER A 4 INCH RISE - (EXPLAIN) THE TRUCK WENT HARD LEFT (TOWARDS DRIVER SIDE) THE DRIVER OVER CORRECTED STEERING RIGHT (PASSENGER SIDE) CAUSING THE VEHICLE TO ROLL ONTO ITS LEFT SIDE.

THE VEHICLE SLID ON THE PAVEMENT FOR 75 FT UNTIL IT HIT THE SOFT SHOULDER ON THE LEFT SIDE OF THE ROAD CAUSING THE VEHICLE TO ROLLOVER. WHEN THE VEHICLE ROLLED THE TANK WAS PUNCTURED AND LEAKED OUT K1 AND #2 FUEL OIL. ESTIMATED LOSS WAS 1,400 GALLONS.

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:

DRIVER SHOULD HAVE BEEN AWARE OF THE SOFT SHOULDER AND THE DIP IN THE ROAD.

PART VIII – CONTACT INFORMATION

Contact's Name:	MIKE LATENDRESSE
Contact's Title:	MARKET MANAGER
Business Name and Address:	DEAD RIVER COMPANY
	500 KENNEDY MEMORIAL DR, WATERVILLE ME 04901
E-mail Address:	MIKE.LATENDRESSE@DEADRIVER.COM
Telephone Number:	207 873 5115
Fax Number:	207 872 2134
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

09/01/1992



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Research and Special Programs Administration

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2. This is to report: A

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4. Time of Incident (use 24-hour time): 07:30
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: CORNVILLE
County: CUMBERLAND
State: ME
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
ON EAST RIDGE ROAD NEAR AMES R
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: DEAD RIVER COMPANY
Street: 500 KENNEDY MEMORIAL DRIVE
City: WATERVILLE
State: ME
Zip Code: 04901
Federal DOT Id Number: 164906
Hazmat Registration Number: 052217550041Z
11. Shipper/Officer:
Name: DEAD RIVER COMPANY
Street: 500 KENNEDY MEMORIAL DRIVE
City: WATERVILLE
State: ME
Zip Code: 04901
Waybill/Shipping Paper:
Hazmat Registration Number: 052217550041Z
12. Origin (if different from shipper address)
Street: 85 WATERVILLE RD
City: SKOWHEGAN
State: ME
Zip Code: 04976
13. Destination:
Street:
City:
State:
Zip Code:
14. Proper Shipping Name of Hazardous Material: FUEL OIL (NO. 1, 2, 4, 5, OR 6)
15. Technical/Trade Name: #2 FUEL OIL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 650 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? True

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: -

How Failed: -

Causes of Failure: -

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

Identification Markings: NO MARKINGS GIVEN

(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:
Amount in Package:
Number in Shipment:
Number Failed:

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

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

Manufacturer: TRANSTEC

Serial Number: AB 92 - 1718

Material of Construction: 173-5454 (if Tank Car, CTMV, Portable Tank, or Cylinder)

Design Pressure: 3 (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: 09/01/1992

Last Test Date: 12/01/1992

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 |
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Fire/EMS Report #: True 640
Police Report #: False
In-house cleanup: False
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True

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False

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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?

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): 40
Weather conditions: CLEAR DAY
Vehicle overturned? True
Vehicle left roadway/track? True

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Describe:

DRIVER SHOULD HAVE BEEN AWARE OF THE SOFT SHOULDER AND THE DIP IN THE ROAD.

PART VIII – CONTACT INFORMATION

Contact's Name:	MIKE LATENDRESSE
Contact's Title:	MARKET MANAGER
Business Name and Address:	DEAD RIVER COMPANY
	500 KENNEDY MEMORIAL DR, WATERVILLE ME 04901
E-mail Address:	MIKE.LATENDRESSE@DEADRIVER.COM
Telephone Number:	207 873 5115
Fax Number:	207 872 2134
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

09/01/1992