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-2012070154
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/12/2012

4. Time of Incident (use 24-hour time):
16:00

5. Enter National Response Center Report Number (if applicable):
1014366

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

7. Location of Incident:
City: WEATHERFORD
County: CUSTER
State: OK
Zip Code: (if known): 73096
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MM 80

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: DUFOUR PETROLEUM, LP
Street: HWY 11 NORTH
City: Petal
State: MS
Zip Code: 39465
Federal DOT Id Number: 381184
Hazmat Registration Number:

11. Shipper/Offeror:
Name: ENBRIDGE MENDOTA CRYO
Street: QUARTER HORSE ROAD
City: Miami
State: TX
Zip Code: 79059
Waybill/Shipping Paper: 934461
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: HWY 281
City: Binger
State: OK
Zip Code: 73009

14. Proper Shipping Name of Hazardous Material: HYDROCARBONS, LIQUID, N.O.S.

15. Technical/Trade Name: PENTANE, HEXANE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN3295

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 120 Liquid - Barrel

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: - 104-Body
How Failed: - 309-Punctured
Causes of Failure: - Rollover Accident

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:	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:	9000 Liquid - Gallon	Package Capacity:	
Amount in Package:	168 Liquid - Barrel	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:	FRUEHOF	Manufacture Date:	01/01/1976
Serial Number:	OMX 729326	Last Test Date:	08/21/2011
Material of Construction:	5454-H32 (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	30 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.169 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.225 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:	False
- No Release:	False		

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

Fire/EMS Report #: False
Police Report #: True H00387-12
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:	$ 13,945.00
Carrier Damage:	$ 100,000.00
Property Damage:	$ 0.00
Response Cost:	$ 10,000.00
Remediation/Cleanup Cost:	$ 350,000.00

(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? 4

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

If yes, provide the following information:

Estimated speed (mph):	67
Weather conditions:	CLEAR
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 loaded at a location around Miami, Tx and was headed to Binger, Ok to unload. The driver was eastbound on I40, near Weatherford, Ok, at mile marker 80, when his unit drifted to the shoulder. When on the shoulder, the driver stayed there for about 120 feet and tried to pull back onto the highway. The driver turned his steering wheel to the left and when the unit re-entered the highway, the product surge in the tank caused his tank to move to the left. The driver tried to correct this action, but could not stop the movement of the trailer. The trailer continued to move to the left, towards the center medium and overturned, in the center medium. The truck and trailer rolled over onto the drivers side of the vehicle. The driver was able to evacuate the truck and begin calling 911. The Oklahoma Highway patrol arrived on the scene. The Weatherford Fire department responeded to the scene. Foam was put down around truck and trailer. Driver notified his supervisor. The driver noticed that the tank was leaking condensate, UN3295, and began building a dirt dike to contain the product. The Highway Patrol at that time notified Environmental Cleanup Inc., out of Oklahoma City,Ok to repond to the incident. The product leaked for about 1 to 2 hours, before the flow of product was stopped. When the tank overturned, the contact with the ground and the metal poles in the center medium, punctured the side of the trailer and product began to leak out. Dikes and bouy's were used to contain the product. Also another trailer, with a pump, was moved to location to vacuum up as much product as possible, while it was leaking. The hole on the trailer was about half way down the trailer on the left side.

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:

Our company does yearly defensive driver training, but will ensure that re-entering the highway from the shoulder, will be emphazied. Procedures for proper re-entry to highway, such as slowing down unit to a minimum speed, use of slow smooth movements, etc will be taught to drivers.

PART VIII – CONTACT INFORMATION

Contact's Name:	Tim Miller
Contact's Title:	Safety Coordinator
Business Name and Address:	Dufour Petroleum, LP HWY 11 NORTH Petal MS 39465
E-mail Address:	Timothy.Miller@enbridge.com
Telephone Number:	337-457-7397
Fax Number:	337-457-7390
Hazmat Registration Number:	
Date:	07/09/2012
Preparer is:	Carrier

01/01/1976