



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-2004111201  
2. This is to report: A

### PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:  
10/21/2004
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: DOSWELL  
County: HANOVER  
State: VA  
Zip Code: (if known):  
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:  
10222 KINGS DOMINION BLVD
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: OIL TRANSPORT CO  
Street: 4419 BAINBRIDGE BLVD  
City: CHESAPEAKE  
State: VA  
Zip Code: 23320  
Federal DOT Id Number:  
Hazmat Registration Number:
11. Shipper/Officer:
- Name: TRANSMONTAIGNE  
Street: 1670 BROADWAY SUITE 3100  
City: DENVER  
State: CO  
Zip Code: 80202  
Waybill/Shipping Paper:  
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 1314 COMMERCE ROAD  
City: RICHMOND  
State: VA  
Zip Code: 23224
13. Destination:
- Street: 10222 KINGS DOMINION BLVD  
City: DOSWELL  
State: VA  
Zip Code: 23047
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)

**19. Quantity Released:** (Include Measurement Units) 8000 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:**

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: - 303-Burst or Ruptured

Causes of Failure: - Rollover Accident; 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: 9400 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: NOT REPORTED BY CARRIER  
Serial Number: 4LL008004  
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)

Manufacture Date:  
Last Test Date:

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:  
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:                  | True  |
| - 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:            | \$ 15,900.00 |
| Carrier Damage:           | \$ 35,000.00 |
| Property Damage:          | \$ 5,000.00  |
| Response Cost:            | \$ 0.00      |
| Remediation/Cleanup Cost: | \$ 40,000.00 |

(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:  
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): 20  
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:

ON THURSDAY, OCTOBER 21, 2004, 4:15 PM, OIL TRANSPORT'S DRIVER EXITED I95 AT EXIT 98 TO DELIVER LOW SULFUR DIESEL TO THE DOSWELL ALL AMERICAN TRAVEL PLAZA. AS THE DRIVER GOT OFF THE EXIT RAMP, HE MOVED INTO THE LEFT LANE TO MAKE A LEFT TURN INTO THE TRUCKSTOP. AS HE SLOWED DOWN TO 20 MPH, THE LIGHT TURNED GREEN. WHILE MAKING THE TURN, HE STRAIGHTENED HIS TRUCK AND TRAILER AND FELT THE TRUCK ROLL OVER. THE TRUCK ROLLED OVER AND SKIDDED 50-75 FEET BEFORE STOPPING. DIESEL FUEL STARTED LEAKING OUT OF THE TRAILER. BULKHEADS WERE CRUSHED. THERE WAS A CRACK IN THE FORWARD BULKHEAD COMPARTMENT AND TWO CRACKS AT THE MIDSHIP BULKHEAD OF THE TRAILER. EMERGENCY PERSONNEL WERE CONTACTED IMMEDIATELY. VA. DEPARTMENT OF ENVIRONMENTAL QUALITY (DEQ), DEPARTMENT OF ENERGY SERVICES (DES), HANOVER FIRE, POLICE & SHERIFF PERSONNEL, INDUSTRIAL MARINE SERVICES, ENGINEERING CONSULTING SERVICES, MARSHALL MILLER & ASSOCIATES ENVIRONMENTAL SCIENCE AND ENGINEERING, #1 TOWING AND REPAIR, OIL TRANSPORT RESPONSE PERSONNEL AND EQUIPMENT WERE ALL ON SITE WITH OTHERS TO BE NAMED ON THE SUPPLEMENTAL REPORT. EVERETTE CLAIM SERVICE, REPRESENTING CANAL INSURANCE AND OIL TRANSPORT, WAS ALSO ON SITE WITHIN 45 MINUTES. MIKE WHITE, CANAL INSURANCE EPA MANAGER, VISITED THE SITE. OIL TRANSPORT WAS INVOLVED IN CONTACTING EMERGENCY RESPONSE PERSONNEL AND COORDINATING SUPPORT. OIL TRANSPORT IMMEDIATELY COORDINATED AND SATISFIED ALL EMERGENCY PERSONNEL REQUESTS. OIL TRANSPORT WAS INSTRUMENTAL IN RESPONDING TO ALL EMERGENCY PERSONNEL REQUIREMENTS TO TRANSPORT OIL WATER MIX AWAY FROM THE SITE WITH COMPANY TANKERS OVER NUMEROUS DAYS. ALL 8,000 GALLONS OF DIESEL LEAKED OUT OF THE TRAILER ONTO THE TRUCKSTOP PAVEMENT AND IN A STORM DRAIN OVER 5 HOURS. THE HANOVER FIRE DEPARTMENT SECURED THE SPILL WITH SAND AND TARPS. INDUSTRIAL MARINE SERVICE (IMS) ALSO CONTAINED THE SPILL WITH ABSORBENT MATERIALS AND BOONS AT THE SITE IN A HOLDING POND WATERWAY BEHIND THE TRUCKSTOP. IMS AND MARSHALL MILLER & ASSOCIATES SECURED & REMEDIATED THE SITE ACCORDING TO GUIDELINES SET BY THE COMMONWEALTH OF VIRGINIA DEPARTMENT OF ENVIRONMENTAL QUALITY AND THE DEPARTMENT OF ENVIRONMENTAL SERVICES. THE SITE IS UNDER REMEDIATION ACCORDING TO THESE GUIDELINES. A SUPPLEMENTAL REPORT WILL BE FILED AFTER THE SITE REMEDIATION IS COMPLETED AND SIGNED OFF BY DEQ AND DES.

## 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: LARRY DIRECTOR  
Contact's Title: SAFETY DEPARTMENT  
Business Name and Address:  
  
E-mail Address:  
Telephone Number: 757-545-8474  
Fax Number:  
Hazmat Registration Number:  
Date: 11/29/2004  
Preparer is: