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-2023070963
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/02/2023

4. Time of Incident (use 24-hour time):
00:02

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: STONE MOUNTAIN
County: DEKALB
State: GA
Zip Code: (if known): 30083
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
West Park Place Blvd Exit Ramp

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: METRO PETRO LLC
Street: 900 WESTPARK DR STE 300
City: PEACHTREE CITY
State: GA
Zip Code: 30269-3545
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: kinder Morgan #2 Doraville
Street: 4064 Winters Chapel Rd
City: Doraville
State: GA
Zip Code: 30360
Waybill/Shipping Paper: 0103044
Hazmat Registration Number: TBD

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

13. Destination:
Street: 5400 Highway 20
City: LOGANVILLE
State: GA
Zip Code: 30052

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: BP ULSD

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 150 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: - 137-Manway or Dome Cover; 150-Tank Shell
How Failed: - 302-Bent; 310-Ripped or Torn
Causes of Failure: - Rollover Accident; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1203
(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:	999 Liquid - Gallon	Package Capacity:	
Amount in Package:	991 Liquid - Gallon	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:	LBT	Manufacture Date:	09/15/2003
Serial Number:	4J8T042284T00800	Last Test Date:	10/10/2022
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3.3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.232 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
- Explosion:
- Vapor (Gas) Dispersion:
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer:
- Environmental Damage:

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

Fire/EMS Report #: True
Police Report #: True GP230042318
In-house cleanup:
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:	$ 1,500.00
Carrier Damage:	$ 53,000.00
Property Damage:	$ 15,000.00
Response Cost:	$ 15,000.00
Remediation/Cleanup Cost:	$ 25,600.00

(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? False

If yes, provide the following information:

Estimated speed (mph):	
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:

The truck and trailer were traveling East in US 78 in Stone Mountain GA. The driver then took the W Park Pl Blvd exit and proceeded to turn right onto W Park Pl Blvd. There is a traffic light at the intersection and the driver had the green light. As the driver was completing the turn, he felt the trailer shift and when he checked in his mirrors, he observed the trailer rolling over. The truck did not attempt to roll over and he was able to pull the truck over to the side of the road and stop. The trailer rolled onto the lift side then top and the right side landed on top of a car waiting at the traffic signal which was red. There was another car in front of the car it landed on and it struck the rear of the car which was later driven from the scene buy the occupants. The seam split on the lower left of the tank which did not leak because of the final resting position of the tank, it was at the top above the level of the fuel. The crack was a direct result of the rollover. The crack was later enlarged to facilitate the removal of the fuel from that compartment. The rear most top inspection hatch was leaking and the fire department added an additional clamp to the lid to slow the leak and they put a containment pool under the lid to catch the leaking fuel. The bulkheads between compartments 4, and 5 the comp internally ruptured into the void. Holes were then drilled into the side of the trailer which were facing up and the majority of the fuel was pumped from the trailer while it was on it's side. The trailer was the righted and the remaining fuel was pumped from the load heads on the bottom of trailer. The fire department made a small earthen dam to stop the flow of fuel from the small leaks while we were waiting for the Hazmat cleanup companies to arrive. They then use absorbent material and booms to catch and contain the small leaks.

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:

This accident was caused by a failure of the metal in the hitch. The metal failed and bent allowing the upper half of the hitch to come out of the adjustment track and roll over. The upper half of the hitch was still connected to the trailer and the lower half was still attached to the frame of the truck after the accident. Our auditor from the DOT James Landrum, P (678) 284-5155 M: (678) 215-5294 james.landrum@dot.gov inspected the truck and trailer as well as both halves of the hitch and stated that this failure could not be predicted by the driver or a mechanic doing routine inspections and service and therefore was an unpreventable accident. We also had a retired DOT officer and independent DOT consultant Garry Bingham Transportation Compliance, LLC transcomp@charter.net 706 313 6285 look at the hitch and he agreed with James Landrum's assessment. We inspected all the other trucks and only found 1 with a similar hitch. The truck was taken out of service until the hitch inspected for any signs of wear and cracking. We have stressed with our drivers the importance of thorough inspections of their hitches and rollover awareness.

PART VIII – CONTACT INFORMATION

Contact's Name:	Lyle Morgan
Contact's Title:	Safety and Fleet Mgr
Business Name and Address:	Metro Petro d.b.a. Vi-Mac O Box 326 Sharpsburg GA 30277
E-mail Address:	lyle@metropetro.net
Telephone Number:	4046429918
Fax Number:	
Hazmat Registration Number:	063022550177EG
Date:	07/28/2023
Preparer is:	Carrier

09/15/2003

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Research and Special Programs Administration

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PART I - REPORT TYPE

1. Incident Id: E-2023070963
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/02/2023

4. Time of Incident (use 24-hour time):
00:02

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: STONE MOUNTAIN
County: DEKALB
State: GA
Zip Code: (if known): 30083
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
West Park Place Blvd Exit Ramp

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: METRO PETRO LLC
Street: 900 WESTPARK DR STE 300
City: PEACHTREE CITY
State: GA
Zip Code: 30269-3545
Federal DOT Id Number:
Hazmat Registration Number:

11. Shipper/Offeror:
Name: MPLX TERMINALS LLC
Street: 6293 NEW PEACHTREE RD
City: DORAVILLE
State: GA
Zip Code: 30340-1211
Waybill/Shipping Paper: 157103869
Hazmat Registration Number: TBD

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

13. Destination:
Street: 5400 Highway 20
City: Loganville
State: GA
Zip Code: 30052

14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL

15. Technical/Trade Name: 87 BPB E10

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 50 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: - 137-Manway or Dome Cover; 150-Tank Shell
How Failed: - 302-Bent; 310-Ripped or Torn
Causes of Failure: - Rollover Accident; Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: UN1203
(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:	2600 Liquid - Gallon	Package Capacity:	
Amount in Package:	2400 Liquid - Gallon	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:	LBT	Manufacture Date:	09/15/2003
Serial Number:	4J8T042284T00800	Last Test Date:	10/10/2022
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3.3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.232 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:
- Explosion:
- Material Entered Waterway/Storm Sewer:
- Vapor (Gas) Dispersion:
- Environmental Damage:
- No Release: False

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

Fire/EMS Report #: True
Police Report #: True GP230042318
In-house cleanup:
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:	$ 1,500.00
Carrier Damage:	$ 53,000.00
Property Damage:	$ 15,000.00
Response Cost:	$ 15,000.00
Remediation/Cleanup Cost:	$ 25,600.00

(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? False

If yes, provide the following information:

Estimated speed (mph):	
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
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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:

The truck and trailer were traveling East in US 78 in Stone Mountain GA. The driver then took the W Park Pl Blvd exit and proceeded to turn right onto W Park Pl Blvd. There is a traffic light at the intersection and the driver had the green light. As the driver was completing the turn, he felt the trailer shift and when he checked in his mirrors, he observed the trailer rolling over. The truck did not attempt to roll over and he was able to pull the truck over to the side of the road and stop. The trailer rolled onto the lift side then top and the right side landed on top of a car waiting at the traffic signal which was red. There was another car in front of the car it landed on and it struck the rear of the car which was later driven from the scene buy the occupants. The seam split on the lower left of the tank which did not leak because of the final resting position of the tank, it was at the top above the level of the fuel. The crack was a direct result of the rollover. The crack was later enlarged to facilitate the removal of the fuel from that compartment. The rear most top inspection hatch was leaking and the fire department added an additional clamp to the lid to slow the leak and they put a containment pool under the lid to catch the leaking fuel. The bulkheads between compartments 4, and 5 the comp internally ruptured into the void. Holes were then drilled into the side of the trailer which were facing up and the majority of the fuel was pumped from the trailer while it was on it's side. The trailer was the righted and the remaining fuel was pumped from the load heads on the bottom of trailer. The fire department made a small earthen dam to stop the flow of fuel from the small leaks while we were waiting for the Hazmat cleanup companies to arrive. They then use absorbent material and booms to catch and contain the small leaks.

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:

This accident was caused by a failure of the metal in the hitch. The metal failed and bent allowing the upper half of the hitch to come out of the adjustment track and roll over. The upper half of the hitch was still connected to the trailer and the lower half was still attached to the frame of the truck after the accident. Our auditor from the DOT James Landrum, P (678) 284-5155 M: (678) 215-5294 james.landrum@dot.gov inspected the truck and trailer as well as both halves of the hitch and stated that this failure could not be predicted by the driver or a mechanic doing routine inspections and service and therefore was an unpreventable accident. We also had a retired DOT officer and independent DOT consultant Garry Bingham Transportation Compliance, LLC transcomp@charter.net 706 313 6285 look at the hitch and he agreed with James Landrum's assessment. We inspected all the other trucks and only found 1 with a similar hitch. The truck was taken out of service until the hitch inspected for any signs of wear and cracking. We have stressed with our drivers the importance of thorough inspections of their hitches and rollover awareness.

PART VIII – CONTACT INFORMATION

Contact's Name:	Lyle Morgan
Contact's Title:	Safety and Fleet Mgr
Business Name and Address:	Metro Petro d.b.a. Vi-Mac O Box 326 Sharpsburg GA 30277
E-mail Address:	lyle@metropetro.net
Telephone Number:	4046429918
Fax Number:	
Hazmat Registration Number:	063022550177EG
Date:	07/28/2023
Preparer is:	Carrier

09/15/2003