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-2012110488
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/24/2012

4. Time of Incident (use 24-hour time):
13:00

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: FARMINGTON HILL
County: OAKLAND
State: MI
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I 696 EASTBOUND PAST HALSTEAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: MID THUMB TRUCKING CO
Street: 75577 SANCTUARY DR
City: ROMEO
State: MI
Zip Code: 48065-2648
Federal DOT Id Number: 382459918
Hazmat Registration Number: 061412550050U

11. Shipper/Offeror:
Name: DELTA FUELS
Street: 40600 GRAND RIVER AVE
City: NOVI
State: MI
Zip Code: 48375-2810
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 40600 GRAND RIVER
City: NOVI
State: MI
Zip Code: 48375

13. Destination:
Street: 43087 NORTH JEFFERSON AVE
City: HARRISON TOWNSHIP
State: MI
Zip Code: 48045

14. Proper Shipping Name of Hazardous Material: FUEL, AVIATION, TURBINE ENGINE

15. Technical/Trade Name: JP8 FUEL AVIATION TURBINE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1863

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18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 80 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: - 161-Weld or Seam
How Failed: - 304-Cracked
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: MC 306
(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:	13400 Liquid - Gallon	Package Capacity:	
Amount in Package:	12500 Liquid - Gallon	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

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

Manufacturer:	HEIL TRAILER INTERNATIONAL	Manufacture Date:	08/01/1991
Serial Number:	1HLA3A8D2N7L5615	Last Test Date:	04/25/2012

Material of Construction: ALUMINUM (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:

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 211679012
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:	$ 260.00
Carrier Damage:	$ 100,000.00
Property Damage:	$ 0.00
Response Cost:	$ 56,000.00
Remediation/Cleanup Cost:	$ 20,000.00

(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:	
Duration of the evacuation:	

36. Was a major transportation artery or facility closed? True

If yes, how many? 6

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

If yes, provide the following information:

Estimated speed (mph):	55
Weather conditions:	SUNNY 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

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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:

According to the driver and a witness, our driver was cut off and forced to the side of the road and ultimately drove off the road, leading to a rollover off the roadway. A passing tow truck driver noticed the wreck, called the police and fire department, who then notified Mid Thumb Trucking. The driver was taken to a hospital for injuries and the fire department and tow truck vehicles secured the scene until we arrived. There was no evidence of product leaking from the trailer. A special HAZMAT team was called in to drill the holes in the side of the trailer, and an environmental crew was called in to drain it. The product that did leak began when a hole was drilled by the HAZMAT team, allowing air to vent into the trailer and release fuel out of a designed relief area called a void hole. This hole was plugged within a minute or so and no more fuel was spilled. The environmental crew on-site cleaned up that spill and was in charge of remediation of the scene when the truck/trailer was pulled from it. The trailer was crushed on the passenger side due to the accident, but did not leak or have any signs of rupture when it was righted and towed away.

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:

The main suggestion to prevent the spillage would be to plug or cork off all void holes or other possible avenues of fuel leakage prior to venting the trailer by drilling holes in it. Upon inspection, some product (about 250 gallons) was found still in the trailer that could not be pumped out. That product was drained using the trailer piping (which was also undamaged) and discarded as slop.

PART VIII – CONTACT INFORMATION

Contact's Name:	JAMES M HEILIG
Contact's Title:	PRESIDENT
Business Name and Address:	MID THUMB TRUCKING CO 75577 SANTUARY DR ROMEO MI 48065
E-mail Address:	JIMMTT@COMCAST.NET
Telephone Number:	586 752 2268
Fax Number:	586 336 9778
Hazmat Registration Number:	
Date:	11/23/2012
Preparer is:	Carrier

08/01/1991