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-2017020176
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/22/2016

4. Time of Incident (use 24-hour time):
19:30

5. Enter National Response Center Report Number (if applicable):
1159796

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

7. Location of Incident:
City: GORHAM
County: CUMBERLAND
State: ME
Zip Code: (if known): 04038
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
RT114 TRAFFIC CIRCLE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: FABIAN OIL INC.
Street: 20 OAK ST
City: OAKLAND
State: ME
Zip Code: 04963-5013
Federal DOT Id Number: 745293
Hazmat Registration Number: 052114551047WY

11. Shipper/Offeror:
Name: GULF OIL LIMITED PARTNERSHIP
Street: 100 CROSSING BLVD
City: FRAMINGHAM
State: MA
Zip Code: 01702-5401
Waybill/Shipping Paper: 8835209
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 175 FRONT ST
City: SOUTH PORTLAND
State: ME
Zip Code: 04106

13. Destination:
Street: 26 COMMERCE DR
City: CONWAY
State: NH
Zip Code: 03818

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: #2 RED ULTRA LOW SULFUR DIESEL, GASOLINE

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 500 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: -
How Failed: -
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS PROVIDED
(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:	4500 Liquid - Gallon	Package Capacity:	
Amount in Package:	4468 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:	HEIL	Manufacture Date:	03/17/2005
Serial Number:	5HTAB443157J6865	Last Test Date:	08/02/2016
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.545 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.545 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 #: True
Police Report #: True
In-house cleanup: True
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:	$ 14,930.00
Carrier Damage:	$ 119,243.00
Property Damage:	$ 0.00
Response Cost:	$ 102,981.00
Remediation/Cleanup Cost:	$ 208,739.00

(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? True

If yes, how many? 9

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

If yes, provide the following information:

Estimated speed (mph):	35
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:

THE DRIVER HAD ENTERED A TRAFFIC CIRCLE IN GORHAM, ME. HE PROCEEDED APPROXIMATELY 2/3 OF THE WAY AROUND WHEN THE TRACTOR/TRAILER ROLLED OVER ONTO ITS LEFT SIDE CAUSING THIS RELEASE OF APPROXIMATELY 1000 GALLONS OF A DIESEL-GASOLINE MIXTURE. EMERGENCY RESPONSES WERE CONTACTED AND CLEAN HARBORS PROVIDED SPILL CONTAINMENT AND CLEANUP. THE DAMAGED TRAILER WAS DRILLED AND ITS CONTENTS WERE PUMPED OVER TO ANOTHER TRAILER PROVIDED BY FABIAN, ST GERMAIN-COLLINS AND CLEAN HARBORS WERE THEN CONTRACTED TO COMPLETE SITE CLEANUP.

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 DRIVER INVOLVED WAS TERMINATED AS IT WAS DETERMINED THAT HE WAS DRIVING TOO FAST FOR THE LOCATION THAT HE WAS IN(TRAFFIC CIRCLE). TRAFFIC CIRCLES WERE ALSO THE SUBJECT OF COMPANY SAFETY MEETINGS IN ORDER TO AVOID A SIMILAR ACCIDENT IN THE FUTURE.

PART VIII – CONTACT INFORMATION

Contact's Name:	STEPHEN LOWIT
Contact's Title:	HR/CC
Business Name and Address:	FABIAN OIL INC 20 OAK STREET OAKLAND ME 04963
E-mail Address:	SLOWIT@FABIANOIL.COM
Telephone Number:	207-465-2000
Fax Number:	207-465-9493
Hazmat Registration Number:	
Date:	02/27/2017
Preparer is:	Carrier

03/17/2005

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County: CUMBERLAND
State: ME
Zip Code: (if known): 04038
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
RT114 TRAFFIC CIRCLE

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: FABIAN OIL INC.
Street: 20 OAK ST
City: OAKLAND
State: ME
Zip Code: 04963-5013
Federal DOT Id Number: 745293
Hazmat Registration Number: 052114551047WY

11. Shipper/Offeror:
Name: GULF OIL LIMITED PARTNERSHIP
Street: 100 CROSSING BLVD
City: FRAMINGHAM
State: MA
Zip Code: 01702-5401
Waybill/Shipping Paper: 8835209
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 175 FRONT ST
City: SOUTH PORTLAND
State: ME
Zip Code: 04106

13. Destination:
Street: 26 COMMERCE DR
City: CONWAY
State: NH
Zip Code: 03818

14. Proper Shipping Name of Hazardous Material: GASOLINE, CASINGHEAD

15. Technical/Trade Name: ULSD, GASOLINE WITH 10% ETHANOL

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) 500 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

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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: - 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:	5009 Liquid - Gallon	Package Capacity:	
Amount in Package:	4962 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:	HEIL	Manufacture Date:	03/17/2005
Serial Number:	5HTAB443157J6865	Last Test Date:	08/02/2016
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.545 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.545 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		

If valve or device failed:
Type:
Model:
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Nuclide(s) Present:
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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

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(e.g.: On site first aid or Emergency Room observation and release)

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Total number of employees evacuated:	
Total evacuated:	
Duration of the evacuation:	

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Vehicle overturned?	True
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Contact's Name:	STEPHEN LOWIT
Contact's Title:	HR/CC
Business Name and Address:	FABIAN OIL INC 20 OAK STREET OAKLAND ME 04963
E-mail Address:	SLOWIT@FABIANOIL.COM
Telephone Number:	207-465-2000
Fax Number:	207-465-9493
Hazmat Registration Number:	
Date:	02/27/2017
Preparer is:	Carrier

03/17/2005