



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-2006091363
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/26/2006
4. Time of Incident (use 24-hour time):
10:12
5. Enter National Response Center Report Number (if applicable):
809256
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LITTLE ROCK
County: PULASKI
State: AR
Zip Code: (if known): 72117
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 70 ON-RAMP @ I-440
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: B-B OIL COMPANY, INC
Street: 3123 E. RACE ST
City: SEARCY
State: AR
Zip Code: 72143
Federal DOT Id Number: 135838
Hazmat Registration Number: 062404001005MO
11. Shipper/Officer:
Name: B-B OIL COMPANY, INC
Street: 3123 E. RACE ST
City: SEARCY
State: AR
Zip Code: 72143
Waybill/Shipping Paper: 135838
Hazmat Registration Number: 062404001005MO
12. Origin (if different from shipper address)
Street: 2724 CENTRAL AIRPORT RD
City: NORTH LITTLE ROCK
State: AR
Zip Code: 72117
13. Destination:
Street: 304 N. SPRINGFIELD RD
City: PLUMERVILLE
State: AR
Zip Code: 72127
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name:
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) 3653 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

How Failed: - 308-Leaked

Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.

Identification Markings: MC406

(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:

Packaging Type:
Material of Construction:
Head Type (Drums only):

Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Package Capacity: 9200 Liquid - Gallon
Amount in Package: 8539 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

Single Package or Inner Packaging (if any):

Package Capacity:
Amount in Package:
Number in Shipment:
Number Failed:

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

Manufacturer:	FRVE HAUF	Manufacture Date:	10/16/1997
Serial Number:	4J8T04324WT00410	Last Test Date:	06/23/2006
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.235 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		
If valve or device failed:			
Type:	MANHOLE COVER		
Model:	6500		
Manufacturer:	KNAPPCO		

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: | True |
| - No Release: | False | | |

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

Fire/EMS Report #: False 06-0005887
Police Report #: True 6008062340
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:	\$ 10,640.00
Carrier Damage:	\$ 140,167.00
Property Damage:	\$ 200.00
Response Cost:	\$ 36,472.00
Remediation/Cleanup Cost:	\$ 0.00

(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):	30
Weather conditions:	CLEAR/DRY
Vehicle overturned?	True
Vehicle left roadway/track?	False

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 accident occurred at approximately 10:05 am on August 26, 2006. The gasoline transport overturned while entering 1440 off the Hwy 70 off ramp. Fire Departments and EMS personnel were notified and on the scene by approximately 10:20 am. Pollution Management, Inc., the company used by B-B Oil Company to respond to environmental cleanup issues, was contacted and on the scene to begin to secure the area by 10:45 am. The gasoline tanker was on it's side and leaking gasoline and diesel fuel from the manhole covers on top of the tanker. Pollution Management, Inc. burned the area with dirt around the tanker to confine the leaking product. Another carrier was brought in to off load the gasoline and diesel fuel that remained on the tanker.

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:

B—B Oil Company will continue to train it's drivers with regard to safety; stressing the Federated Insurance Training Program, "Point of No Return", and concerning over-turned vehicles.

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVE B. LIGHTLE
Contact's Title:	PRES
Business Name and Address:	B-B OIL CO INC P.O. BOX 38 SEARCY AR 72145
E-mail Address:	SLIGHTLE@DOUBLEBEES.COM
Telephone Number:	501-268-6107
Fax Number:	501-268-0314
Hazmat Registration Number:	
Date:	09/21/2006
Preparer is:	Carrier

10/16/1997



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2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 08/26/2006
4. Time of Incident (use 24-hour time): 10:12
5. Enter National Response Center Report Number (if applicable): 809256
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NORTH LITTLE ROCK
County: PULASKI
State: AR
Zip Code: (if known): 72117
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 70 ON-RAMP @ I-440
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: B-B OIL COMPANY, INC
Street: 3123 E. RACE ST
City: SEARCY
State: AR
Zip Code: 72143
Federal DOT Id Number: 135838
Hazmat Registration Number: 062404001005MO
11. Shipper/Officer:
Name: B-B OIL COMPANY, INC
Street: 3123 E. RACE ST
City: SEARCY
State: AR
Zip Code: 72143
Waybill/Shipping Paper: 135838
Hazmat Registration Number: 062404001005MO
12. Origin (if different from shipper address)
Street: 2724 CENTRAL AIRPORT RD
City: NORTH LITTLE ROCK
State: AR
Zip Code: 72117
13. Destination:
Street: 304 N. SPRINGFIELD RD
City: PLUMERVILLE
State: AR
Zip Code: 72127
14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL
15. Technical/Trade Name:
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) 3653 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:
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Single Package or Inner Packaging (if any):

Packaging Type:
Material of Construction:
Head Type (Drums only):

Packaging Type:
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27. Describe the package capacity and the quantity:

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Single Package or Inner Packaging (if any):

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Amount in Package: 8539 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

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Number in Shipment:
Number Failed:

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

Manufacturer:	FRVE HAUF	Manufacture Date:	10/16/1997
Serial Number:	4J8T04324WT00410	Last Test Date:	06/23/2006
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Type:	MANHOLE COVER		
Model:	6500		
Manufacturer:	KNAPPCO		

29. If the packaging is for Radioactive Materials, complete the following:

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Certification Number:	
Nuclide(s) Present:	Transport Index:
Activity:	
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If yes, enter the number of fatalities resulting from the hazardous material:
Employees: 0
Responders: 0
General Public: 0

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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

Non-Hospitalized:

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

Employees: 0
Responders: 0
General Public: 0

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If yes, provide the following information:

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Total evacuated:
Duration of the evacuation:

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If yes, how many? 9

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Describe:

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PART VIII – CONTACT INFORMATION

Contact's Name:	STEVE B. LIGHTLE
Contact's Title:	PRES
Business Name and Address:	B-B OIL CO INC P.O. BOX 38 SEARCY AR 72145
E-mail Address:	SLIGHTLE@DOUBLEBEES.COM
Telephone Number:	501-268-6107
Fax Number:	501-268-0314
Hazmat Registration Number:	
Date:	09/21/2006
Preparer is:	Carrier

10/16/1997