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-2010060384
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/02/2009

4. Time of Incident (use 24-hour time):
13:30

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: IRWIN
County: BONNEVILLE
State: ID
Zip Code: (if known): 83428
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
HWY 26 @ M.P. 395.9

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: H-K CONTRACTORS INC.
Street: 6350 S. YELLOWSTONE AVENUE
City: IDAHO FALLS
State: ID
Zip Code: 83405
Federal DOT Id Number: 0158415
Hazmat Registration Number: 060507035006PR

11. Shipper/Offeror:
Name: HANSON OIL
Street: 411 EAST 2ND STREET SOUTH
City: SODA SPRINGS
State: ID
Zip Code: 83276
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: 6350 S. YELLOWSTONE AVENUE
City: IDAHO FALLS
State: ID
Zip Code: 83405

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL FUEL

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) 2485 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?
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:
Portable Tank

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: - 114-Cylinder Valve
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NA 1993
(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:	4000 Liquid - Gallon	Package Capacity:
Amount in Package:	2500 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:
Manufacture Date:
Serial Number:
Last Test Date:
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)
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 #:	False
In-house cleanup:	True
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:	$ 7,455.00
Carrier Damage:	$ 0.00
Property Damage:	$ 68,692.00
Response Cost:	$ 8,104.00
Remediation/Cleanup Cost:	$ 20,818.00

(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? 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):	48
Weather conditions:	COLD-DRY
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:

FRONT OF TANK SPLIT OPEN CAUSING LOSS OF DIESEL. H-K WAS ABLE TO RESPOND WITHOUT ENVIRONMENTAL SPILL CLEAN UP TRAILER WITHIN AN HOUR & CLEANED UP ALL DIESEL & CONTANIMATED DIRT ALONG SIDE THE ROAD. THE DIRT WAS REPLACED WITH NEW FILL DIRT ALONG SIDE OF ROAD TO THE DOT'S SATISFACTION.

HK TRACTOR TRUCK WITH A FLAT BED TRAILER HAULING A LARGE GENERATOR, AND A 4000 GAL. FUEL TANK WITH 2485 GALLONS OF DIESEL IN THE TANK CAME AROUND A SHARP S CURVE ON HIGHWAY 26 NEXT TO PALISADES RESERVIOR AT ABOUT 45 MPH. THE FUEL IN THE DIESEL TANK BEGAN TO SHIFT BACK AND FORTH CAUSING THE TRAILER TO SWING OUT OF CONTROL CAUSING THE HITCH ON THE TRAILER TO TEAR OUT OF THE 5 WHEEL PIN FROM THE BOTTOM OF THE TRAILER. THIS ALLOWED THE TRAILER TO COME OFF THE TRACTOR AND OVER TURN THE TRAILER ONTO ITS SIDE. THE DIESEL TANK BEGAN TO SPILL ITS CONTENTS INTO THE DIRT GUTTER OFF THE UP HILL SIDE OF THE ROAD. HK'S ENVIRONMENTAL TRAILER WAS DISPATCHED TO THE SCENE OF THE ACCIDENT AND WAS ABLE TO RECOVER OVER 500 GALLONS OF THE DIESEL WITH THE USE OF A PUMP. THE REMAINING DIESEL WAS RECOVERED WITH A BACKHOE AND TRUCKS REMOVING ABOUT A 6 FEET WIDE 4 FOOT DEEP TRENCH FOR ABOUT 200 YARDS. THE TRENCH WAS FILLED BACK IN WITH FRESH AGGREGATE AND THE BARROW ALONG SIDE THE ROAD WAS REBUILT TO IDAHO TRANSPORTATION DEPARTMENT AND DEQ SATISFACTION THE SAME NIGHT.

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:

TRAILER WAS SEVERELY DAMAGED, THE GENERATOR WAS MOSTLY DESTROYED, THE TANK WAS DAMAGED AND LOST ITS ENTIRE CONTENTS INTO THE DIRT GUTTER ALONG SIDE THE HIGHWAY. CLEANUP COST AND THE DAMAGE EQUIPMENT REPLACEMENT COST ARE ALL ESTIMATED AROUND $32,500.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLARENCE DAIVS/ROGER WOOD
Contact's Title:	ENVIRONMENTAL/SAFETY
Business Name and Address:	H-K CONTRACTORS, INC.
	6350 S. YELLOWSTONE AVENUE IDAHO FALLS ID 83405
E-mail Address:	CLARENCEDAVIS@HKCONTRACTORS.COM
Telephone Number:	208-523-6600
Fax Number:	208-523-6021
Hazmat Registration Number:	060507035006PR
Date:	05/06/2010
Preparer is:	Carrier