



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-2008110683
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 10/22/2008
4. Time of Incident (use 24-hour time): 12:30

5. Enter National Response Center Report Number (if applicable): 887912
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: GRIGGSVILLE
County: PIKE
State: IL
Zip Code: (if known): 62340
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
30571 ST. HWY 107

8. Mode of Transportation: Highway
9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: TRANSPORT DELIVERY COMPANY
Street: 31576 OLD HIGHWAY 16
City: CANTON
State: MO
Zip Code: 63435
Federal DOT Id Number: 034351
Hazmat Registration Number: 052308009023Q

11. Shipper/Officer:
Name: SINCLAIR OIL
Street: 550 E SOUTH TEMPLE
City: SALT LAKE CITY
State: UT
Zip Code: 84130
Waybill/Shipping Paper:
Hazmat Registration Number:

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

13. Destination:
Street: LOGAN
City: GRIGGSVILLE
State: IL
Zip Code: 62340

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: LOW SULFUR DIESEL
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) 1016 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: - 122-Gauging Device; 124-High Level Sensor

How Failed: - 306-Failed to Operate

Causes of Failure: - Overfilled

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

Identification Markings: VIN/FUJA6CG33LK71238

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

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 9350 Liquid - Gallon
Amount in Package:
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer: VIM
Serial Number: 1V9T244245100103
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:

Manufacture Date: 01/01/1995
Last Test Date: 01/01/2008

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

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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 #: False
In-house cleanup: False
Other Cleanup: False

32. Damages Was the total damage cost more than \$500?

False

If yes, enter the following information: (If no, go to question 33.)

Material Loss: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
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?

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:

Driver was unloading #2 diesel at Logan Ag in Griggsville Illinois. He was unloading part of the product into the wrong tank due to poor marking. The storage tank is not visible from the loading area. When the tank overflowed he was unaware since there is no overfill device or alarm and therefore there was a spill of 1016 gallons. Reports were filed within the hour with the DOT and Illinois Emergency Management Agency. R.L. Hoener and Co. of Quincy Il was called in to deal with the clean up of the site. Dan Simmons, owner was on the scene within two hours and assessed the situation with the owner, Ed Logan and Marty Jackson of R.L. Hoener. Dan was able to record on video camera the set up at Logan Ag. Dan was on the scene two other times during this process of clean up. The clean up, as of today, November 19", is still on going, but to be completed this week. The soil has been excavated to a depth where the contaminant is no longer present. The final report from Hoener's will be filed as soon as the work is completed. Attached are the current materials concerning the spill as of today.

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:

We have completed additional training with our driver's informing them of the situation of the new storage facility at Logan Ag. We have implored them to be aware of the correct tanks and the markings on the tank, as well as the fact that overfill devices and alarms are not present. We have also pointed out that the distance to the storage tanks is far enough away from the unloading area it is impossible to monitor the truck unloading and see the tanks at the same time.

Continued training in this area will be conducted with any new drivers that might come into our employ.

PART VIII - CONTACT INFORMATION

Contact's Name:	TOM DEAN
Contact's Title:	HR/SAFETY
Business Name and Address:	TRANSPORT DELIVERY COMPANY 31576 OLD HWY 16 CANTON MO 63435
E-mail Address:	TDCAN@TRANSPORTDELIVERY.COM
Telephone Number:	513-288-3294
Fax Number:	513-288-8030
Hazmat Registration Number:	
Date:	11/21/2008
Preparer is:	Carrier

01/01/1995