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-2007050306
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/18/2007

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: FREDERICKSBURG
County: STAFFORD
State: VA
Zip Code: (if known): 22405
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
1269 AMERICAN LEGION RD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: ROBBIE D WOOD INC
Street: 1051 OLD WARRIOR RIVER RD
City: DOLOMITE
State: AL
Zip Code: 35061
Federal DOT Id Number: 130504
Hazmat Registration Number: 63-0681833

11. Shipper/Offeror:
Name: CLEAN HARBORS
Street: 1604 BUSH ST
City: BALTIMORE
State: MD
Zip Code: 21230
Waybill/Shipping Paper: 001171792FLE
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 11200 MALL CIRCLE
City: WALDORF
State: MD
Zip Code: 20603

13. Destination:
Street: 208 WATLINGTON INDUSTRIAL DRIVE
City: REIDSVILLE
State: NC
Zip Code: 27320

14. Proper Shipping Name of Hazardous Material: KEROSENE

15. Technical/Trade Name: WASTE KEROSENE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1223

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 3 Liquid - Gallon

20. Was the material shipped as a hazardous waste? True
If yes, provide the EPA Manifest Number: 001171794

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?

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:
Non-Bulk

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: - 104-Body
How Failed: - 308-Leaked
Causes of Failure: - Deterioration or Aging

26a. Provide the packaging identification markings, if available.
Identification Markings:
(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:	Drum	Packaging Type:
Material of Construction:	Metal other than steel or aluminum	Material of Construction:
Head Type (Drums only):	Non - Removable	

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:		**Single Package or Inner Packaging (if any):**
Package Capacity:		Package Capacity:
Amount in Package:	50 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 #:	True
In-house cleanup:	False
Other Cleanup:	True

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? True

If yes, how many? 6

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:

ON OR ABOUT 04/18/07 1300 AFTER HAVING A TIRE REPAIRED, NOTICED A
LIQUID LEAKING FROM MY TRAILER. I CONTACTED MY COMPANY AND MADE THEM AWARE THAT TRUCK 303 PULLING TRL#027697 HAD A HAZMAT SPILL IN THE PARKING LOT OF THE HIGHWAY GARAGE INC. ON 1269 AMERICAN LEGION ROAD FREDERICKSBURG,VA 22405. I SPOKE WITH
BOTH INDIVIDUALS ABOUT ThE SPILL THEY INFORMED ME THAT THEY WOULD NOTIFY THE SHIPPER CLEAN HARBORS IN BALTIMORE,MD. THAT WE NEEDED SOMEONE TO COME OUT AND CLEAN THE SPILL AND SECURE THE LEAKING PRODUCT. THE LIQUID THAT WAS LEAKING OUT TARNISHED THE DRIVE AXLE RIM ON THE PASSENGER SIDE OF MY TRACTOR AND GAVE OFF A STRONG
CHEMICAL ODOR. A REPRESENTATIVE FROM CLEAN HARBORS HOME OFFICE CALLED ME
BACK ON MY CELL PHONE AND INFORMED ME THAT THEY WERE SENDING A CREW FROM RICHMOND TO DO THE CLEAN UP BUT IT WOULD BE AFTER 1530 BEFORE THEY ARRIVED. I PLACED ABSORBENT PADS UNDERNEATH THE AREA THAT THE LIQUID AS COMING OUT OF THE TRAILER.
I BOUGHT SOME OIL DRY FROM THE HIGHWAY GARAGE AND BUILT A DAM AROUND THE SPILL TO PREVENT THE LIQUID FROM ANY FURTHER SPREADING AND CONTAIN THE SPILL. AFTER WAITING ABOUT AN HOUR I RECEIVED A MESSAGE FROM HIM ASKING ME TO CONTACT THE POLICE. I ASKED HIM TO VERIFY HIS REQUEST FOR THE POLICE WHICH HE DID AND I REPLIED THAT I WOULD CONTACT THEM. AFTER THE SHERIFF'S DEPT. WAS NOTIFIED 3 FIRE DEPTS. REPLIED TO THE CALL AND SHUT DOWN ROUTE 1 AND 4 OTHER STREETS IN THE IMMEDIATE AREA. THE FIRE DEPT. ASKED ME TO COME WITH THEM AWAY FROM THE TRUCK. I TOOK OFF MY PPE AND WENT WITH THE FIRE DEPT. ACROSS THE STREET FROM MY TRUCK. AFTER THE CLEAN HARBORS CREW ARRIVED IT TOOK APPROXIMATELY 7 HOURS TO UNLOAD AND CLEAN THE SPILL AND RELOAD THE TRAILER. I HAD SPOKEN WITH 3 DIFFERENT DEPUTIES REGARDING WHAT HAD HAPPENED BUT I WAS CONT.

I WAS APPROACHED BY A 4TH DEPUTY WHO ASKED ME WHO AUTHORIZED ME TO PARK WHERE I WAS PARKED AND I INFORMED HIM THAT I DID BECAUSE I WAS HAVING A TIRE REPLACED. HE INFORMED ME THAT WHEN THE SPILL WAS CLEANED UP HE WAS GOING THROUGH MY TRUCK AND PAPERWORK WITH A FINE TOOTH COMB AND HE WAS GOING TO CITE ME FOR ANY VIOLATIONS THAT HE COULD FIND. AFTER THE CLEAN-UP HE RETURNED TO THE SCENE AND USED PORTABLE SCALES TO WEIGH THE REAR TANDEMS OF MY TRAILER AND DO A COMPLETE DOT INSPECTION OF MY TRUCK TRAILER AND MY PAPERWORK. HE CITED ME FOR THE HAZMAT SPILL AND BEING OVERAXLE WEIGHT WHICH I CORRECTED AS I WAS NOT OVER GROSS WEIGHT OF 80,000 LBS. THE DEPUTY TOLD ME THAT I WAS FREE TO LEAVE AND DELIVER MY LOAD TO ITS DESTINATION.
04/25/07

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:

BETTER TRAINED LAW ENFORCEMENT & SAFETY PERSONNEL. EVALUATE THE PROBLEM, CONTROL & CONTAIN, WITHOUT CAUSING A PANIC OR DRAWING ATTENTION TO THEMSELVES. THE MORE THE PUBLIC KNOWS, THE MORE THEY WANT TO GO SEE WHAT IS HAPPENING AND THIS MEANS MORE PEOPLE AT THE SCENE TO HAVE TO CONTROL & KEEP UP WITH. IF THE FIRST RESPONDERS HAD LOOKED @ THE MANIFEST & WHAT WAS LEAKING PLUS THE DEGREE OF DANGER INVOLVED THERE WOULD HAVE BEEN NO NEED FOR THE HIGHWAY TO SHUT DOWN & THE PUBLIC TO BE PUT IN A PANIC. SAFETY IS OUR PRIMARY GOAL. HOW SAFE IS IT TO SHUT THE HIGHWAY DOWN & HAVE PEOPLE TRAPPED ON THE HIGHWAY FOR HRS?

PART VIII – CONTACT INFORMATION

Contact's Name:	BILLIE BRAKEFIELD
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	ROBBIE D. WOOD, INC 1051 OLD WARRIOR RV ROAD DOLOMITE AL 35061
E-mail Address:	
Telephone Number:	205-744-8440 EXT 28
Fax Number:	205-744-5151
Hazmat Registration Number:	
Date:	04/25/2007
Preparer is:	Carrier