



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: E-2014080050
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
05/19/2014
4. Time of Incident (use 24-hour time):
13:17
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: RARITAN TOWNSHIP
County: HUNTERDON
State: NJ
Zip Code: (if known): 08822
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MINE STREET & ROUTE 12
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: DEBRA PETROLEUM PRODUCTS CORP.
Street: 590 BELLEVILLE TPKE 1
City: KEARNY
State: NJ
Zip Code: 07032
Federal DOT Id Number: 01744324
Hazmat Registration Number: 053014550043W
11. Shipper/Officer:
- Name: MOTIVA
Street: 909 DELANCEY
City: Newark
State: NJ
Zip Code: 07105
Waybill/Shipping Paper: 859811
Hazmat Registration Number: 429581238
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 601 ROUTE 12
City: FLEMINTON
State: NJ
Zip Code:
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)

19. Quantity Released: (Include Measurement Units) 1000 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: - 113-Cylinder Sidewall - Other

How Failed: - 305-Crushed

Causes of Failure: - Human Error

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

Identification Markings: DOT306

(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: 9000 Liquid - Gallon
Amount in Package: 7500 Liquid - Gallon
Number in Shipment: 1
Number Failed:

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

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

Manufacturer: PROGRESS
Serial Number: 1B31967
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:
Last Test Date: 10/24/2013

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: | True |
| - 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 #: True 14054446
In-house cleanup: False
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: \$ 12,236.00
Carrier Damage: \$ 2,417.00
Property Damage: \$ 0.00
Response Cost: \$ 11,984.00
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: 0
Total number of employees evacuated: 0
Total evacuated: 0
Duration of the evacuation: 0

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?

True

If yes, provide the following information:

Estimated speed (mph): 20
Weather conditions: OVERCAST
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:

ON 5/19/14 DRIVER WAS LOADED WITH 7500 GALLONS OF LSD AND EN ROUTE TO DELIVERY DESTINATION IN FLEMINGTON, NJ. WHILE IN APPROACH TO THE TRAFFIC CIRCLE AT MINE ST & ROUTE 12, DRIVER TRIED TO AVOID A VEHICLE THAT ENTERED HIS PATH, WHICH RESULTED IN THE TRUCK AND TRAILER OVERTURNING. DRIVER HAD A BYSTANDER REPORT ACCIDENT TO THE POLICE, AS HIS PHONE WAS IN THE OVERTURNED TRUCK. POLICE, FIRE AND RESCUE ARRIVED AT THE SCENE FIRST. DRIVER REPORTED THE ACCIDENT TO DEBRA'S OFFICE AT THIS TIME. OFFICE THEN CONTACTED THE INSURANCE COMPANY. DEP & INSURANCE CLEAN UP CREWS ARRIVED AT THE SCENE, CONTAINING THE LEAK FROM THE TRAILER, WHICH WAS CRACKED DURING IMPACT. CLEAN UP CREWS STARTED PUMPING THE PRODUCT IN THE ROADWAY INTO A SMALL OIL TRUCK (APPROXIMATELY 1650 GALLONS) AND INTO LARGE STORAGE TOTES AND BARRELS (APPROXIMATELY 950 GALLONS). APPROXIMATELY 3901 GALLONS WAS SALVAGE AND PUMPED FROM THE TRAILER, INTO A HIRED TANKER, AND WAS DELIVERED TO ORIGINAL DELIVERY DESTINATION.

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:

DRIVERS ARE PERIODICALLY RE-TRAINED ON ROADWAY AND DELIVERY SAFETY PROCEDURES. THEY ARE ALSO REQUIRED TO MAINTAIN DAILY EQUIPMENT INSPECTION LOGS AND EQUIPMENT MAINTENANCE.

PART VIII – CONTACT INFORMATION

Contact's Name:	CLARENCE FINCH
Contact's Title:	PRESIDENT
Business Name and Address:	DEBRA PETROLEUM PRODUCTS CORP PO BOX 468 Caldwell NJ 07006
E-mail Address:	KERRIROSE@DEBRAPPC.COM
Telephone Number:	201-280-3269
Fax Number:	800-886-1570
Hazmat Registration Number:	
Date:	08/05/2014
Preparer is:	Carrier