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-2019090253
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
08/05/2019

4. Time of Incident (use 24-hour time):
20:00

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: WHITE CITY
County: JACKSON
State: OR
Zip Code: (if known): 97503
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
11000 BLOCK OF ANTIOCH ROAD

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CROMAN CORP.
Street: 801 AVENUE C
City: WHITE CITY
State: OR
Zip Code: 97503-1082
Federal DOT Id Number: 0074578
Hazmat Registration Number: 071619550077B

11. Shipper/Offeror:
Name: CROMAN CORP.
Street: 801 AVENUE C
City: WHITE CITY
State: OR
Zip Code: 97503-1082
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 15231 JONES RD - BEAGLE AIRPORT
City: WHITE CITY
State: OR
Zip Code: 97503

13. Destination:
Street: 801 AVENUE C
City: WHITE CITY
State: OR
Zip Code: 97503

14. Proper Shipping Name of Hazardous Material: FUEL, AVIATION, TURBINE ENGINE

15. Technical/Trade Name: JET "A" FUEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1863

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2000 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:
Other, TANK TRAILER

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: -
How Failed: - 310-Ripped or Torn; 310-Ripped or Torn
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS GIVEN
(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:	5250 Liquid - Gallon	Package Capacity:	
Amount in Package:	3200 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	WELD-IT CO. - CT 4134 - MC 305	Manufacture Date:	01/11/1962
Serial Number:	628A	Last Test Date:	03/07/2019
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	2019-5035
Police Report #:	True	19-16368
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:	$ 8,750.00
Carrier Damage:	$ 50,000.00
Property Damage:	$ 10,000.00
Response Cost:	$ 5,000.00
Remediation/Cleanup Cost:	$ 3,200,000.00

(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:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

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:	
Responders:	
General Public:	

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

Employees:	
Responders:	
General Public:	

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:	0
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):	50
Weather conditions:	CLEAR, DUSK, 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:

ON THE MORNING OF 08/05/2019 WE HAD AN AIRCRAFT (N625CK) STATIONED AT BEAGLE AIR FIELD LOCATED AT 15231 JONES RD IN WHITE CITY, OR. WE WERE ON A CONTRACT WITH THE OREGON DEPT. OF FORESTRY AND WERE FIGHTING A LOCAL FOREST FIRE IN THE AREA. WE ARE A HEAVY LIFT, LOGGING AND FIREFIGHTING HELICOPTER COMPANY. THE FUEL TRUCK AND TRAILER IN QUESTION WAS ASSIGNED TO THE AIRCRAFT ON THAT FIRE. WE WERE RELEASED FROM THE FIRE AT THE END OF THE SHIFT THAT SAME DAY (1930 HRS) AND THE AIRCRAFT AND SUPPORT VEHICLES WERE GOING TO RETURN TO OUR HOME BASE, LESS THAN TEN MILES AWAY. THE PICKUP AND SERVICE VAN HEADED OUT FOLLOWED BY THE FUEL TRUCK TRAILER. THE ROAD WAS A TWO LANE COUNTRY ROAD WITH SOME TIGHT CORNERS BUT OTHERWISE IN GOOD SHAPE. THE WEATHER WAS CLEAR AND DRY AND THERE WAS STILL PLENTY OF DAYLIGHT WHEN THEY LEFT THE ASSIGNMENT.

THE SERVICE VAN AND PICKUP GOT TO THE HANGAR AND THEY WAITED FOR APPROXIMATELY TWENTY MINUTES FOR THE FUEL TRUCK TO ARRIVE. WHEN HE DID NOT SHOW, THEY WENT BACK UP THE ROAD TO LOOK FOR HIM. UPON ARRIVAL AT THE SCENE, THE AMBULANCE WAS LOADING THE DRIVER, WHO SELF EXTRICATED FROM THE OVERTURNED VEHICLE, AND THE FIRE DEPARTMENT WAS ON SCENE. THEY THEN CALLED ME AND I RESPONDED TO THE SCENE. THE SAFETY DIRECTOR WAS ALREADY THERE AND THE PRESIDENT OF THE COMPANY WAS EN-ROUTE. THE FIRE DEPARTMENT WAS PUTTING OUT ABSORBENT MATERIAL AND BOOMS TO TRY AND CONTAIN THE FUEL TO THE BEST OF THEIR ABILITY. THE HAZMAT TEAM WAS DISPATCHED, DUE TO THE FACT THAT THEY WERE WORRIED ABOUT EXPLOSION AND MITIGATION OF THE LARGE AMOUNT OF JET FUEL BEING SPILLED.

FIRE I/C WOULD NOT ALLOW ANYONE TO GET NEAR THE VEHICLE UNTIL HAZMAT ARRIVED. (CONT. ON ADDITIONAL SHEET)

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 SINCE CREATED ADDITIONAL POLICIES AND PUT IN PLACE REQUIREMENTS OF THE DRIVERS OF THESE TYPES OF TRUCKS. THEY INCLUDE ADDITIONAL TRAINING ON WEIGHT DISTRIBUTION BETWEEN TRUCK AND TRAILER, ADDITIONAL AND MORE STRINGENT PENALTIES FOR EXCESSIVE SPEED AND A MORE ROBUST DRIVER TRAINING PROGRAM BEFORE THE DRIVER IS ALLOWED TO GO INTO THE FIELD. WE HAVE AMENDED THE "CROMAN CORP FLEET SAFETY PROGRAM" TO REFLECT THESE CHANGES AND REQUIRE DOCUMENTATION AND 100% SUCCESSFUL COMPLETION OF THE TRAINING PROGRAM BEFORE THE DRIVER MAY DRIVE ANY CROMAN CORP VEHICLE.

PART VIII – CONTACT INFORMATION

Contact's Name:	WILLIAM D CLAWSON
Contact's Title:	FLEET MANAGER
Business Name and Address:	CROMAN CORP. 801 AVENUE C WHITE CITY OR 97503-1082
E-mail Address:	DEREK.CLAWSON@CROMAN.NET
Telephone Number:	541-826-4455
Fax Number:	541-826-4730
Hazmat Registration Number:	
Date:	09/19/2019
Preparer is:	Carrier

01/11/1962