



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-1996090072
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/22/1996
4. Time of Incident (use 24-hour time):
03:45
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: HOLDMAN
County: UMATILLA
State: OR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATE HWY 37 MP 13
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: TEXACO REFINING & MARKETING
Street: 2500 16TH AVENUE SW
City: SEATTLE
State: WA
Zip Code: 98134
Federal DOT Id Number: USDOT 17603
Hazmat Registration Number:
11. Shipper/Officer:
- Name: JACKSON OIL COMPANY
Street: 3500 COMMERCIAL COURT
City: MERIDIAN
State: ID
Zip Code: 83642
Waybill/Shipping Paper: 104780
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: TANK FARM ROAD
City: PASCO
State: WA
Zip Code: 99301
14. Proper Shipping Name of Hazardous
Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE
THAN 10% ALCOHOL
15. Technical/Trade Name: UNLEADED GASOLINE
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 3680 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

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:

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: - 102-Auxiliary Valve; 106-Bottom Outlet Valve; 141-Piping or Fittings

How Failed: - 304-Cracked

Causes of Failure: - Abrasion; Rollover Accident; Vehicular Crash or Accident Damage

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:
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:
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: CLOUGH EQUIPMENT CO INC
Serial Number: IXP9L29X7G
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: 02/01/1996

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 #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	\$ 4,300.00
Carrier Damage:	\$ 100,000.00
Property Damage:	\$ 0.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 100,000.00

(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:	0
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? True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees:	1
Responders:	
General Public:	

Non-Hospitalized:

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

Employees:	0
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):	48
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:

AT APPROXIMATELY 0330 ON 07-22-96 A TANK TRUCK OWNED BY TEXACO AND DRIVEN BY AN EMPLOYEE OF CONSOLIDATED PERSONNEL CORPORATION (CPC) WAS TRAVELING SOUTH BOUND ON OREGON'S HIGHWAY 37 NEAR MILE MARKER 13. THE DRIVER WAS TRAVELING APPROXIMATELY 48 MPH (PER TACH-O-GRAPH CHART), IN AN S CURVE MARKED WITH A 30 MPH SIGN. A ROLLOVER OF THE VEHICLE OCCURRED RESULTING IN THE LOSS OF SOME PRODUCT (GASOLINE & DIESEL). PHONE CALLS TO MANAGERS WERE MADE AND AGENCIES WERE CONTACTED. CONTRACT HELP WAS SUMMONED TO ASSIST IN REMOVAL OF THE VEHICLE AND ENVIRONMENTAL ISSUES. BOTH THE DRIVER'S COMPANY AND TEXACO CONDUCTED AN ACCIDENT INVESTIGATION. CPU ISSUED A LIST OF MEASURES THEY PLANNED ON TAKING WITH THEIR EMPLOYEES, INCLUDING: VIDEO TAPE SHOWN "ROLLOVER"; SAFETY MEETING DISCUSSED ROLLOVER ACCIDENTS; ISSUED A MEMO TO DRIVERS ON HOW A ROLLOVER OCCURS; AND MEET WITH DRIVERS ONE AT A TIME TO DISCUSS ROLLOVER PREVENTION. SEE REPORT 96090072A

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:

PART VIII - CONTACT INFORMATION

Contact's Name: JAMES B AVERILL
Contact's Title: SUPV MOTOR EQUIP & SAFETY
Business Name and Address:

E-mail Address:
Telephone Number: 2062240493
Fax Number:
Hazmat Registration Number:
Date: 07/25/1996
Preparer is:



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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: HOLDMAN
County: UMATILLA
State: OR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATE HWY 37 MP 13
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: TEXACO REFINING & MARKETING
Street: 2500 16TH AVENUE SW
City: SEATTLE
State: WA
Zip Code: 98134
Federal DOT Id Number: USDOT 17603
Hazmat Registration Number:
11. Shipper/Officer:
Name: JACKSON OIL COMPANY
Street: 3500 COMMERCIAL COURT
City: MERIDIAN
State: ID
Zip Code: 83642
Waybill/Shipping Paper: 104780
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 565 S 16TH
City: PAYETTE
State: ID
Zip Code: 83661
14. Proper Shipping Name of Hazardous Material: GAS OIL
15. Technical/Trade Name: DIESEL LOW SULFER
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1202

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1840 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

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?

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How Failed: - 304-Cracked

Causes of Failure: - Abrasion; Rollover Accident; Vehicular Crash or Accident Damage

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

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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:

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: CLOUGH EQUIPMENT CO INC

Serial Number: IC9RT3142H

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: 11/01/1995

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):

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(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:
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?

True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees: 1
Responders:
General Public:

Non-Hospitalized:

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

Employees: 0
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:

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Weather conditions:
Vehicle overturned?
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Contact's Name: JAMES B AVERILL
Contact's Title: SUPV MOTOR EQUIP & SAFETY
Business Name and Address:

E-mail Address:
Telephone Number: 2062240493
Fax Number:
Hazmat Registration Number:
Date: 07/25/1996
Preparer is: