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-2014020282
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/22/2013

4. Time of Incident (use 24-hour time):
04:00

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: ANTON
County: HOCKLEY
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US-84, MIP-296

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: RIP GRIFFIN TRUCK SERVICE CENTER,
Street: 4407 IDALOU RD
City: LUBBOCK
State: TX
Zip Code: 79403
Federal DOT Id Number: 113606
Hazmat Registration Number: 060410550043S

11. Shipper/Offeror:
Name: PRO PETROLEUM, INC.
Street: 4710 4TH ST
City: LUBBOCK
State: TX
Zip Code: 79416-4900
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 3104 CLOVIS RD
City: LUBBOCK
State: TX
Zip Code: 79415

13. Destination:
Street: 3395 US HWY 60
City: HEREFORD
State: TX
Zip Code: 79045

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 535 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: - 137-Manway or Dome Cover
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406
(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:	9500 Liquid - Gallon	Package Capacity:	
Amount in Package:	7000 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:	polar tank trailer	Manufacture Date:	01/01/2007
Serial Number:	1pma244217500554	Last Test Date:	02/13/2012
Material of Construction:	aluminium (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.176 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.25 INCH (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 13480073.1
In-house cleanup: False
Other Cleanup: True

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:	$ 1,738.00
Carrier Damage:	$ 108,000.00
Property Damage:	$ 0.00
Response Cost:	$ 17,621.00
Remediation/Cleanup Cost:	$ 10,997.00

(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? True

If yes, how many? 1

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? True

If yes, provide the following information:

Estimated speed (mph):	67
Weather conditions:	clear, 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:

A.P GRIFFIN UNITS WERE TRAVELLING WESTERN US HWY 84. UNITS REVERSED LEFT OFF OF ROADWAY INTO MEDIUM. THE DRIVER OVERTURNED TO THE RIGHT. UNITS CROSSED BENT OVER THE LEFT AND BROUGHT TRUCK TRADER INTO RIGHT SHOULDER OF HWY DRIVER OVERTURNED TO THE RIGHT. THIS CAUSED TRUCK UNITS TO ROLL ON ITS RIGHT SIDE AND CONTINUE TO ROLL 1 REVOLUTION AND COME TO REST WITH TRACTOR UPRIGHT AND TRAILER LYING ON LEFT SIDE.DRIVER WAS EJECTED FROM TRACTOR RESULTING IN FATALITY. TX DPS WAS CONTACTED BY A LOCAL FARMER DPS CONTACTED TX CCT WHO ARRIVED ON SCENE AND MADE EARTH DUM TO CERTAIN TO CONTAIN DESIEL FUEL. R.P GRIFFIN TRUCK SERVICE CONTACTED CURA EMERGENCY SERVICES OF PLANO TX. FOR RESPONSE AND MITIGATION. IT WAS DISCOVERED THAT DIESEL FUEL WAS LEAKING FROM THE DRUM LIDS OF COMPARTMENTS #3 & #4 PRESSURE FROM THE IMPACT HAD CAUSED FAILURE OF THE DOME LID SCALE LEAKAGE WAS SLOW RESULTING IN THE LOSS OF 535 GALLONS. HWY 84 WAS BLOCKED IN BOTH DIRECTIONS UNTIL THE TRAILER COULD BE SAFELY TURNED UPRIGHT AND REMAINING DISEL FUEL REMOVED FROM TRAILER AND WRECKAGE REMOVED FROM THE SCENE BY LUBBOCK WEATHER SERVICE. THE SPILL WAS CONTAINED IN A SMALL AREA AROUND TRAILER. CURA COMPLETED ALL MITIGATION ON 10/30/13 INCIDENT WAS REVISED BY CARLTON ON 10/30/13.

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:

ALL DRIVERS WERE GIVEN REFRESHER TRAINING ON DISTRACTED DRIVING AND DEFENSIVE DRIVING.

PART VIII – CONTACT INFORMATION

Contact's Name:	RICHARD FARRIS
Contact's Title:	SAFETY COMPLIANCE
Business Name and Address:	PIP GRIFFIN TRUCK SERVICE 4407 IDALOU RD LUBBOCK TX 79408
E-mail Address:	RFARRIS@PIGRIFFIN.COM
Telephone Number:	806-744-2067
Fax Number:	806-744-3710
Hazmat Registration Number:	113606
Date:	02/24/2014
Preparer is:	Carrier

01/01/2007