



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-2011060380
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
04/03/2011
4. Time of Incident (use 24-hour time):
06:55
5. Enter National Response Center Report Number
(if applicable):
971951
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: PLEASANT GREEN
County: DUCHESNE
State: UT
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
SEVEN MILES SOUTH OF THE END
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: WESTERN PETROLEUM INC
Street: 1521 SOUTH 1500 EAST
City: Vernal
State: UT
Zip Code: 84078
Federal DOT Id Number: 31992
Hazmat Registration Number: 060910551042S
11. Shipper/Officer:
- Name: WESTERN PETROLEUM, INC
Street: 1521 SOUTH 1500 EAST
City: Vernal
State: UT
Zip Code: 84078
Waybill/Shipping Paper: 028002-IN
Hazmat Registration Number: 060910551042S
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: NABORS RIG 22 HARMONS CANYON
City: DUCHESNE COUNTY
State: UT
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) III

19. Quantity Released: (Include Measurement Units) 4000 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: - 150-Tank Shell; 150-Tank Shell
How Failed: - 303-Burst or Ruptured; 309-Punctured
Causes of Failure: - Rollover Accident; Rollover Accident

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

Identification Markings: NO MARKINGS PROVIDED

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

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

Manufacturer:	BEAL CORPORATION	Manufacture Date:	11/01/1978
Serial Number:	T9254	Last Test Date:	12/22/2010
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	(if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.169 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.169 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: | True |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

- Fire/EMS Report #: False
Police Report #: True 051100206
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: \$ 15,640.00
Carrier Damage: \$ 38,820.00
Property Damage: \$ 0.00
Response Cost: \$ 3,835.00
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?

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): 30
Weather conditions: DRY/CLEAR
Vehicle overturned? True
Vehicle left roadway/track? False

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:

Driver Daniel Barney in Western Petroleum tank mounted truck unit#51 pulling pup tank trailer #201 was dispatched to Nabors drilling rig 22 in Harmon's canyon. It was approximately 06:55 AM on 3 April 2011. He was traveling south on the Nine Mile Canyon road. The road is a narrow two lane dirt road. Weather conditions were dry with clear blue skies and some wind. Our employee was on a straight stretch of road going down a slight grade approaching a right hand turn in the road. Just prior to having to make the right hand turn in the road the driver laid the truck on its left side. He was going about 30 miles per hour and slowed to about 10 miles, per hour at the actual lay over. The pup remained upright. The tongue punctured the rear compartment of the tank truck. As the tank truck struck the ground moving forward the left front header welded seam broke open causing a failure of the front compartment of the tank truck. (see pictures)

The failure of the two tank compartments led to the release of 4,000 gallons of #2 dyed diesel. It traveled down the left shoulder of the road consisting of road base gravel. It then continued onto sandy clay soil and was absorbed by the soil. See photos of the spill and ensuing clean up of the contaminated soil. The clean up was monitored by the BLM and the Duchesne, Uintah and Daggett Counties Tri-County Health Department.

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:

The root cause of this accident was 100% driver error. No outside influence or condition contributed to this layover. There was no mechanical failure, speed was not an issue, and weather conditions were great. The driver laid a truck over on a straight stretch of dry dirt road. The driver was not able to give a reasonable explanation for the accident.

We concluded the driver became distracted, drifted to the left lane of the road then over corrected causing the layover.

PART VIII – CONTACT INFORMATION

Contact's Name:	ALAN BALLARD
Contact's Title:	EH&H
Business Name and Address:	WESTERN PETROLEUM, INC. 1521 SO. 1500 EAST VERNAL UT 84078
E-mail Address:	ALANB@WESTERNPETROLEUM.NET
Telephone Number:	435-789-1832
Fax Number:	435-789-6658
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

11/01/1978