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-2015030509
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/17/2014

4. Time of Incident (use 24-hour time):
09:00

5. Enter National Response Center Report Number (if applicable):
1098592

6. If you submitted a report to another Federal DOT agency, enter the agency and report number:

7. Location of Incident:
City: RURAL MARION
County: MARION
State: AL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2400 ST HWY 233 N N OF CR 24

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: PETROLEUM SOUTH TRANSPORTATION
Street: 605 OAKWOOD AVE NW
City: HUNTSVILLE
State: AL
Zip Code: 35811-1625
Federal DOT Id Number: 1856889
Hazmat Registration Number: 062713600027V

11. Shipper/Offeror:
Name: ALLIED ENERGY COMPANY LLC
Street: 2700 ISHKOODA RD
City: BIRMINGHAM
State: AL
Zip Code: 35211-5705
Waybill/Shipping Paper: 391934
Hazmat Registration Number: 053113552096VX

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 3374 HWY 17
City: HALEYVILLE
State: AL
Zip Code: 35565

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: ULTRA LOW SULFER 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) 2679 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
How Failed: - 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:	Package Capacity:
Amount in Package:	Amount in Package:
Number in Shipment:	Number in Shipment:
Number Failed:	Number Failed:

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

Manufacturer:	HEIL	Manufacture Date:	01/01/1989
Serial Number:	1HLA3A7B7KH54358	Last Test Date:	02/19/2013
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	5 (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.015 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.017 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	ALARM 13133
Police Report #:	True	3689169
In-house cleanup:	True	
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:	$ 24,357.00
Carrier Damage:	$ 106,025.00
Property Damage:	$ 0.00
Response Cost:	$ 47,093.00
Remediation/Cleanup Cost:	$ 32,088.00

(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):	55
Weather conditions:	SUNNY
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:

V1 WAS TRAVELING NORTH ON A11233. DRIVER STATED HE REACHED DOWN TO GET PAPERWORK AND RAN OFF THE ROAD. AS A RESULT HE WENT OFF THE ROADWAY ON THE RIGHT SIDE AND STRUCK A DITCH AND OVERTURNED. THE DRIVER WAS LOADED WITH 5600 GALLONS OF GAS AND 1800 GALLONS OF DIESEL FUEL. WHICH SPILLED ON THE GROUND. FUEL CONTAINED TO DITCH, DAMED WITH HAY BALES/SAND. CONTAINMENT HOLE DUG. HOT WIRES ON TRUCK WERE CUT. CLEAN UP CREWS - CDG ENGINEERS - US ENVIRONMENTAL SERVICES LLC. 205-908-9452. REMOVED FUEL WITH VACUUM TANKER. DIAGRAM ATTACHED.

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:

CONTINUED SAFETY TRAINING

PART VIII – CONTACT INFORMATION

Contact's Name:	BUZZY BYROM
Contact's Title:	GENERAL MANAGER
Business Name and Address:	PETROLEUM SOUTH TRANSP 605 OAKWOOD AVE HUNTSVILLE AL 35811
E-mail Address:	BBYROM@PETROHSV.COM
Telephone Number:	256 382 0100
Fax Number:	256 882 1909
Hazmat Registration Number:	06271360027V
Date:	03/23/2015
Preparer is:	Carrier

01/01/1989

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7. Location of Incident:
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County: MARION
State: AL
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2400 ST HWY 233 N N OF CR 24

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
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Street: 605 OAKWOOD AVE NW
City: HUNTSVILLE
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11. Shipper/Offeror:
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Street: 2700 ISHKOODA RD
City: BIRMINGHAM
State: AL
Zip Code: 35211-5705
Waybill/Shipping Paper: 391934
Hazmat Registration Number: 053113552096VX

12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:

13. Destination:
Street: 3374 HWY 17
City: HALEYVILLE
State: AL
Zip Code: 35565

14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL

15. Technical/Trade Name: ADDITIONAL GASOLINE

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 2855 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:

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Packaging Type:	Packaging Type:
Material of Construction:	Material of Construction:
Head Type (Drums only):	

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

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

Manufacturer:	HEIL	Manufacture Date:	01/01/1989
Serial Number:	1HLA3A7BKH54358	Last Test Date:	02/19/2013

Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 5 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.015 INCH (if Tank Car, CTMV, Portable Tank)
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Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

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Responders:	0
General Public:	0

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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

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

Employees:	0
Responders:	0
General Public:	0

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If yes, provide the following information:

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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?

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Contact's Title:	GENERAL MANAGER
Business Name and Address:	PETROLEUM SOUTH TRANSP 605 OAKWOOD AVE HUNTSVILLE AL 35811
E-mail Address:	BBYROM@PETROHSV.COM
Telephone Number:	256 382 0100
Fax Number:	256 882 1909
Hazmat Registration Number:	06271360027V
Date:	03/23/2015
Preparer is:	Carrier

01/01/1989