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-2016120112
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
11/21/2016

4. Time of Incident (use 24-hour time):
13:15

5. Enter National Response Center Report Number (if applicable):
1164665

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

7. Location of Incident:
City: BILLINGS
County: YELLOWSTONE
State: MT
Zip Code: (if known): 59105
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSECTION OF AIRPORT ROAD A

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: CITY SERVICE VALCON
Street: 640 W MONTANA
City: KALISPELL
State: MT
Zip Code: 59903
Federal DOT Id Number: 192953
Hazmat Registration Number:

11. Shipper/Offeror:
Name: PHILLIPS 66
Street: 2511 1ST AVENUE SOUTH
City: BILLINGS
State: MT
Zip Code: 59101
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: 2511 1 ST AVENUE SOUTH
City: BILLINGS
State: MT
Zip Code: 59101

13. Destination:
Street: 1504 US HIGHWAY 12
City: HARLOWTON
State: MT
Zip Code: 59036

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: CLEAR #2 DIESEL

16. Hazardous Class/Division: Flammable - Combustible Liquid

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

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 1522 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: - 304-Cracked; 308-Leaked; 311-Structural
Causes of Failure: - Rollover Accident

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:	5400 Liquid - Gallon	Package Capacity:	
Amount in Package:	3000 Liquid - Gallon	Amount in Package:	
Number in Shipment:	0	Number in Shipment:	
Number Failed:	0	Number Failed:	

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

Manufacturer:	BEAL TANK	Manufacture Date:	12/01/1969
Serial Number:	PT403169870	Last Test Date:	10/10/2016
Material of Construction:	(if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	5450 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	5450 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
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:	$ 2,197.00
Carrier Damage:	$ 0.00
Property Damage:	$ 25,000.00
Response Cost:	$ 6,391.00
Remediation/Cleanup Cost:	$ 4,010.00

(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):	10
Weather conditions:	PARTLY CLOUDY, D
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:

AT 1:15 PM ON NOVEMBER 21, 2016 OUR FUEL TRANSPORT DRIVER WAS STOPPED AT THE INTERSECTION OF MAIN STREET AND AIRPORT ROAD IN THE HEIGHTS OF BILLINGS, MONTANA HEADING NORTH. AT THE GREEN ARROW, DRIVER TURNED LEFT HEADING WEST ON AIRPORT ROAD. AT THE CONCLUSION OF THE TURN, THE SECOND PUP TRAILER (P40) TIPPED OVER. THE IMPACT CAUSED A CRACK IN THE COMPARTMENTS CARRYING DIESEL FUEL. THE CRACK WAS AT THE TOP RIGHT SIDE ABOUT 4 FEET FROM THE FRONT.

THE DIESEL FUEL SPILLED OUT ON THE ASPHALT OF AIRPORT ROAD. 911 WAS CALLED. THE CITY FIRE DEPARTMENT RESPONDED ALONG WITH A FOAM TRUCK FROM THE NEARBY LOGAN AIRPORT. FUEL RETARDANT FOAM WAS DISPERSED ON THE SPILLED DIESEL FUEL ON THE ROADWAY. THE FIRE DEPARTMENT PACKED THE NEARBY STORM DRAIN WITH SAND BAGS AND DIRT. THE LEAK LASTED ABOUT ONE AND A HALF HOURS. THE CLEANUP WAS CONDUCTED BY HANSER'S.

THE TRAILER WAS CARRYING 1400 GALLONS IN ONE COMPARTMENT AND 1600 GALLONS IN THE OTHER COMPARTMENT. 1522 GALLONS OF DIESEL SPILLED WITH 8 TO 10 GALLONS DOWN THE NEARBY STORM DRAIN. THE DIESEL FUEL WAS COLLECTED AND CLEANED FROM THE CONTAINMENT AREA OF THE STORM DRAIN PREVENTING RUN OFF TO THE NEARBY STAGNATE ALKALI CREEK. THE REMAINING 1478 GALLONS WERE PUMPED OFF AND TAKEN TO OUR BULK FUEL PLANT.

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:

OPERATOR ERROR WAS DETERMINED AS THE FACTOR CAUSING THE INCIDENT. EACH DRIVER IS CURRENTLY GIVEN A ROAD TEST BY A QUALIFIED DRIVER TRAINER TO ENSURE THE NEW DRIVER IS CHECKED OFF TO DRIVE SOLO. ADDITIONALLY, EACH NEW DRIVER IS TESTED ON SAFETY VIDEOS TO INCLUDE TRANSPORT ROLL OVER. THIS DRIVER WAS TESTED ON SEPTEMBER 15, 2016. CONTINUED EFFORT AND TRAINING WILL BE DONE FOR CURRENT AND FUTURE DRIVERS TO ENSURE THEY UNDERSTAND THE FACTORS OF VEHICLE ROLL-OVER.

PART VIII – CONTACT INFORMATION

Contact's Name:	MIKE SAVAGE
Contact's Title:	FLEET SAFETY MANAGER
Business Name and Address:	CITY SERVICE VALCON
	640 W MONTANA ST KALISPELL MT 59901
E-mail Address:	MIKES@CITYSERVICEVALCON.COM
Telephone Number:	406 250 8467
Fax Number:	406 755 4508
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier

12/01/1969