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-2014010048
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/28/2013

4. Time of Incident (use 24-hour time):
09:49

5. Enter National Response Center Report Number (if applicable):
4696

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

7. Location of Incident:
City: MIDLAND
County: MIDLAND
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSECTION FM 1788 & HWY 191

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: SCS TRANSPORTATION
Street: 2210 WEST SECOND STREET
City: ODESSA
State: TX
Zip Code: 79763
Federal DOT Id Number: US1288434
Hazmat Registration Number: 062512551073UN

11. Shipper/Offeror:
Name: ALON USA, LP
Street: 200 REFINERY RD & I 20E 20 I
City: BIG SPRING
State: TX
Zip Code: 79720
Waybill/Shipping Paper:
Hazmat Registration Number: 062512551073UN

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

13. Destination:
Street: 3800 EAST 52ND STREET
City: ODESSA
State: TX
Zip Code: 79762

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) 250 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: - 141-Piping or Fittings
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406 (HIGHWAY)
(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:	8000 Liquid - Gallon	Package Capacity:	
Amount in Package:	7500 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:	1996 CUSTOM TRAILER	Manufacture Date:	01/01/1996
Serial Number:	1C9A1A2B3T500114	Last Test Date:	10/01/2013

Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.25 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.176 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 #: False
Police Report #: True 131028-017
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:	$ 25,750.00
Carrier Damage:	$ 170,000.00
Property Damage:	$ 0.00
Response Cost:	$ 17,500.00
Remediation/Cleanup Cost:	$ 15,000.00

(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:	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? True

If yes, how many? 8

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	8
Weather conditions:	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:

ACCORDING TO POLICE REPORT #131028-017 AND CONVERSATIONS WITH IN-HOUSE PERSONNEL, THE FUEL TRANSPORT CAB AND TRAILER STOPPED AT THE INTERSECTION OF FM 17888 AND HIGHWAY 191 TO ALLOW FOR SOUTHBOUND TRAFFIC TO CLEAR BEFORE TURNING LEFT ONTO HIGHWAY 191. THE DRIVER MADE LEFT AT INTERSECTION AND CABE AND TRAILER ROLLED ONTO ITS RIGHT SIDE. THE WIND WAS COMING FROM THE SE AT OVER 20 MPH DURING THE INCIDENT. FOLLOWING ROLLOVER AND LEAKAGE OF FUEL PRODUCTS FROM THE TANKER, THE CITY OF MIDLAND FIRE DEPARTMENT WAS DISPATCHED TO THE SCENE AND ERECTED ABSORBENT BOOMS IN CONJUNCTION WITH THE EXISTING HIGHWAY CURBING TO CONTAIN THE SPILLED UNLEADED GASOLINE AND DIESEL FUEL AS WELL AS KEEPING THE SPILLED FUELS FROM LEAVING THE PAVEMENT. AS A RESULT OF THE QUICK ACTION BY THE MIDLAND FIRE DEPARTMENT NO SPILLED PRODUCTS LEFT THE PAVED AREAS AND DID NOT IMPACT ADJACENT SHALLOW SOILS OUTSIDE THE PAVED AREAS. THE MIDLAND FIRE DEPARTMENT REMAINED ON-SITE TO PUMP THE FUEL VOLUMES CONTAINED WITHIN THE TANKER AND ALLOW FOR THE TANK AND CAB TO BE UP-RIGHTED AND TOWED TO AN OFF-SITE REPAIR FACILITY. SCS TRANSPORTATION CONTACTED EE&G, INC. UPON NOTIFICATION OF THE RELEASE TO ADDRESS THE ENVIRONMENTAL REQUIREMENTS FOR THE INCIDENT. EE&G DISPATCHED PERSONNEL AND ADDITIONALLY CONTACTED RESPONSE CREWS FROM ECOLOGICAL ENVIRONMENTAL SERVICE AND ALLIED EMERGENCY RESPONSE TO ASSIT WITH THE CLEANUP OF THE RESIDUAL FUEL VOLUMES LOCATED ON THE PAVED AREAS AT THE INTERSECTION OF FM 1788 AND HIGHWAY 191 IN MIDLAND, TEXAS. FOLLOWING REMOVAL OF THE MAJORITY OF SPILLED PRODUCT, ABSORBENT MEDIA WAS PLACED THROUGHOUT THE SPILL AREA TO PICKUP RESIDUAL FLUIDS FROM THE PAVEMENT FOR CONTAINERIZATION AND DISPOSAL. A TOTAL OF 7.49 TONS OF ABSORBENT MATERIALS CONTAINING FUEL PRODUCTS WAS TEMPORARILY STORED/STAGED OFF-SITE UNTIL ANALYTICAL TESTING COULD BE ACCOMPLISHED AND FINAL DISPOSITION AT THE ABILENE ENVIRONMENTAL LANDFILL WAS COMPLETED. ONCE THE ABSORBENT MATERIAL WAS REMOVED FROM THE SITE, THE CITY OF MIDLAND FIRE DEPARTMENT WASHED THE PAVEMENT WITH THE WASH WATER CONTAINERIZED AND COMBINED WITH THE STORED ABSORBENT MATERIALS FOR FINAL DISPOSITION.

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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	SCOTT PRALL
Contact's Title:	FUEL & TRANSPORTATION MANAGER
Business Name and Address:	SCS TRANSPORTATION
	2210 WEST 2ND STREET ODESSA TX 79763
E-mail Address:	SEPRALL@SCSTORES.COM
Telephone Number:	432-438-6241
Fax Number:	432-438-6299
Hazmat Registration Number:	062512551073UN
Date:	12/27/2013
Preparer is:	Carrier

01/01/1996

U.S Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-2014010048
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
10/28/2013

4. Time of Incident (use 24-hour time):
09:49

5. Enter National Response Center Report Number (if applicable):
4696

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

7. Location of Incident:
City: MIDLAND
County: MIDLAND
State: TX
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSECTION FM 1788 & HWY 191

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: SCS TRANSPORTATION
Street: 2210 WEST SECOND STREET
City: ODESSA
State: TX
Zip Code: 79763
Federal DOT Id Number: US1288434
Hazmat Registration Number: 062512551073UN

11. Shipper/Offeror:
Name: ALON USA, LP
Street: 200 REFINERY RD & I 20E 20 I
City: BIG SPRING
State: TX
Zip Code: 79720
Waybill/Shipping Paper:
Hazmat Registration Number: 062512551073UN

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

13. Destination:
Street: 3800 EAST 52ND STREET
City: ODESSA
State: TX
Zip Code: 79762

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DIESEL FUEL

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) 250 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: - 141-Piping or Fittings
How Failed: - 308-Leaked
Causes of Failure: - Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406 (HIGHWAY)
(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:	8000 Liquid - Gallon	Package Capacity:	
Amount in Package:	7500 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:	1996 CUSTOM TRAILER	Manufacture Date:	01/01/1996
Serial Number:	1C9AA1A2B3T50011	Last Test Date:	10/01/2013

Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.25 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.176 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 #: False
Police Report #: True 131028-017
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:	$ 25,750.00
Carrier Damage:	$ 170,000.00
Property Damage:	$ 0.00
Response Cost:	$ 17,500.00
Remediation/Cleanup Cost:	$ 15,000.00

(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:	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? True

If yes, how many? 8

37. Was the material involved in a crash or derailment? True

If yes, provide the following information:

Estimated speed (mph):	8
Weather conditions:	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:

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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:

NO COMMENTS PROVIDED.

PART VIII – CONTACT INFORMATION

Contact's Name:	SCOTT PRALL
Contact's Title:	FUEL & TRANSPORTATION MANAGER
Business Name and Address:	SCS TRANSPORTATION
	2210 WEST 2ND STREET ODESSA TX 79763
E-mail Address:	SEPRALL@SCSTORES.COM
Telephone Number:	432-438-6241
Fax Number:	432-438-6299
Hazmat Registration Number:	062512551073UN
Date:	12/27/2013
Preparer is:	Carrier

01/01/1996