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: E-2013030382
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/17/2013

4. Time of Incident (use 24-hour time):
02:11

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: NEW HAVEN
County: NEW HAVEN
State: CT
Zip Code: (if known): 06473
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
Defco Park Road

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: Diesel Direct
Street: 74 Maple Street
City: Stoughton
State: MA
Zip Code: 02072
Federal DOT Id Number: 615987
Hazmat Registration Number: 053012009019U

11. Shipper/Offeror:
Name: Diesel Direct
Street: 74 Maple Street
City: Stoughton
State: MA
Zip Code: 02072
Waybill/Shipping Paper: 283138
Hazmat Registration Number: 615987

12. Origin (if different from shipper address)
Street: Magellan Terminals Holdings L.P.
City: New Haven
State: CT
Zip Code: 06512

13. Destination:
Street:
City:
State:
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)

19. Quantity Released: (Include Measurement Units) 2500 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: - 303-Burst or Ruptured
Causes of Failure: - Rollover Accident

26a. Provide the packaging identification markings, if available.
Identification Markings: Boston Steel tank A7024E
(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: 1	Number in Shipment:
Number Failed: 1	Number Failed:

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

Manufacturer:	Manufacture Date:
Serial Number:	Last Test Date:
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)	
Design Pressure: (if Tank Car, CTMV, Portable Tank)	
Shell Thickness: (if Tank Car, CTMV, Portable Tank)	
Head Thickness: (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:	True
- 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 #:	False
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:	$ 10,000.00
Carrier Damage:	$ 24,567.00
Property Damage:	$ 0.00
Response Cost:	$ 55,171.00
Remediation/Cleanup Cost:	$ 211,181.00

(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:	0
Total number of employees evacuated:	0
Total evacuated:	0
Duration of the evacuation:	0

36. Was a major transportation artery or facility closed? False

If yes, how many? 0

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

If yes, provide the following information:

Estimated speed (mph):	6
Weather conditions:	Ice
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:

The Diesel Direct driver was driving downhill Defco Park Road when the truck began to slide on ice. The GPS reports that the truck was going 6 MPH when it started to slide. The truck eventually tipped over on it's side after teetering for a second or two. The force of the truck landing on its side caused a rupture in a weld seam on the tank. This rupture was in the rear passengers side of the tank and was approximately 5 feet in length by 4 inches wide. As soon as the driver could get out of the truck he witnessed the diesel fuel pouring out of the rupture and could do nothing to stop the flow of the diesel fuel. The driver immediately contacted 911 and his supervisor. It did not take more than 5-8 minutes for all 2500 gallons of the diesel fuel to leave the tank.

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:

Diesel Direct has spoken to all drivers within the company about the dangers of driving in icy conditions, when a vehicle is sliding on ice you should not accelerate or brake, just try to steer clear of any obstacles. This will be a topic in all safety meetings prior to and during winter conditions. Our risk management insurance company, Energi, has been reviewing the different options for driving simulators with the intention of purchasing one or two and utilizing these simulators to train all of our drivers at least once a year.

Diesel Direct believes that if local towns/cities were given more money in their budgets they would be able to treat their roads better in the event of snow & ice conditions. It does not appear that this road had been treated at all for ice.

PART VIII – CONTACT INFORMATION

Contact's Name:	Amanda Cola
Contact's Title:	Environmental, Compliance & Safety Manager
Business Name and Address:	Diesel Direct, Inc 74 Maple Street Stoughton MA 02072
E-mail Address:	acola@dieseldirect.com
Telephone Number:	617-721-1908
Fax Number:	781-394-0466
Hazmat Registration Number:	
Date:	03/27/2013
Preparer is:	Carrier