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-2017070127
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/13/2017

4. Time of Incident (use 24-hour time):
18:45

5. Enter National Response Center Report Number (if applicable):
1181855

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

7. Location of Incident:
City: LEBEC
County: KERN
State: CA
Zip Code: (if known): 93243
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-5 NB E LAT 34.91209/LONG118.

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: JS AERO DELIVERY INC
Street: 17738 GRAND AVE
City: LAKE ELSINORE
State: CA
Zip Code: 92530
Federal DOT Id Number: 1830805
Hazmat Registration Number: 051817550084ZB

11. Shipper/Offeror:
Name: BRENNTAG PACIFIC, INC SOUTH GATE
Street: 4545 ARDINE STREET
City: SOUTH GATE
State: CA
Zip Code: 90280
Waybill/Shipping Paper: 279481600
Hazmat Registration Number: 060515552002XZ

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

13. Destination:
Street: 860 WHARF STREET
City: RICHMOND
State: CA
Zip Code: 94804

14. Proper Shipping Name of Hazardous Material: AMMONIUM HYDROGENDIFLUORIDE, SOLID

15. Technical/Trade Name: AMMONIUM BIFLUORIDE 98% CRY GSO

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1727

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 300 Solid - Pound

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:
Non-Bulk

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: - 103-Basic Material
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Water Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: 5H3/Y26/S/16/CN/370380
(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: Bag	Packaging Type:
Material of Construction: Plastic	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: 6	Number in Shipment:
Number Failed:	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:	False	- Fire:	True
- 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 1722184
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:	$ 11,464.00
Carrier Damage:	$ 1,750.00
Property Damage:	$ 100,000.00
Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 97,635.00

(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? True

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:	5
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? 10

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

If yes, provide the following information:

Estimated speed (mph):	21
Weather conditions:	SUNNY
Vehicle overturned?	False
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:

WHILE TRAVELING ON THE I5 NB TUCK LANE, GOING APPROX 21 MPH WITH FLASHER ON, THE STOP ENGINE LIGHT CAME ON AND DRIVER IMMEDIATELY PULLED OVER TO THE LEFT RIGHT SIDE OF THE ROAD. TURNED ENGINE OFF AND WENT TO INSPECT THE ENGINE. DRIVER AS EXITING THROUGH THE PASSENGER DOOR, NOTICED WHITE SMOKED COMING FROM THE ENGINE COMPARTMENT WHILE OPENING THE HOOD, DRIVER NOTICED A SMALL FLAME COMING FROM THE DRIVER SIDE OF THE ENGINE, DRIVER WENT TO RETRIEVE TRUCK FIRE EXTINGUISHER AND ATTEMPTED TO PUT OUT THE FIRE. THE FIRE BECAME LARGER AND OUT OF CONTROL. WHEN THE EXTINGUISHER WAS EXHAUSTED, I RETURNED TO THE TRUCK AND TOOK WHAT I COULD, AND RAN AS FAR AS POSSIBLY AND CALLED 911. WHEN RESPONDERS ARRIVE THE TRUCK AND TRAILER WERE SEVERELY BURNED & DAMAGES CLEAN HARBORS WERE CALLED TO CLEAN UP THE AREA.

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:

ALL COMPANY FLEET WERE REINSPECTED FOR UNSAFE HAZARD AND ALL DRIVER RETRAINED ON PRE POST INSPECTIONS AND APPLY MORE TAILGATE MEETINGS.

PART VIII – CONTACT INFORMATION

Contact's Name:	RUBEN SALGADO
Contact's Title:	MANAGER
Business Name and Address:	JS AERO DELIVERY INC 17738 GRAND AVE LAKE ELSINORE CA 92530
E-mail Address:	RUBEN@87SHIPAERO.COM
Telephone Number:	915 609 0042
Fax Number:	
Hazmat Registration Number:	
Date:	07/10/2017
Preparer is:	Carrier

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PART I - REPORT TYPE

1. Incident Id: I-2017070127
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/13/2017

4. Time of Incident (use 24-hour time):
18:45

5. Enter National Response Center Report Number (if applicable):
1181855

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

7. Location of Incident:
City: LEBEC
County: KERN
State: CA
Zip Code: (if known): 93243
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-5 NB E LAT 34.91209/LONG118.

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: JS AERO DELIVERY INC
Street: 17738 GRAND AVE
City: LAKE ELSINORE
State: CA
Zip Code: 92530
Federal DOT Id Number: 1830805
Hazmat Registration Number: 051817550084ZB

11. Shipper/Offeror:
Name: BRENNTAG PACIFIC, INC SOUTH GATE
Street: 4545 ARDINE STREET
City: SOUTH GATE
State: CA
Zip Code: 90280
Waybill/Shipping Paper: 279481600
Hazmat Registration Number: 060515552002XZ

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

13. Destination:
Street: 860 WHARF ST
City: RICHMOND
State: CA
Zip Code: 94804

14. Proper Shipping Name of Hazardous Material: POTASSIUM HYDROXIDE, SOLUTION

15. Technical/Trade Name: ALKAFLO 750

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN1814

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 11600 Liquid - Pound

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:
IBC

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: - 103-Basic Material
How Failed: - 312-Torn Off or Damaged
Causes of Failure: - Water Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: 31HA/Y/0417/USA/+AA8809/36651750/1041L/5
(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: IBC	Packaging Type:
Material of Construction: Composite	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: 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:	False	- Fire:	True
- 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 1722184
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:	$ 11,464.00
Carrier Damage:	$ 1,750.00
Property Damage:	$ 100,000.00
Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 97,635.00

(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? True

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:	5
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? 10

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

If yes, provide the following information:

Estimated speed (mph):	21
Weather conditions:	SUNNY
Vehicle overturned?	False
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)
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PART VI - DESCRIPTION OF EVENTS & PACKAGE FAILURE

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Describe:

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Describe:

ALL COMPANY FLEET WERE REINSPECTED FOR UNSAFE HAZARD AND ALL DRIVER RETRAINED ON PRE POST INSPECTIONS AND APPLY MORE TAILGATE MEETINGS.

PART VIII – CONTACT INFORMATION

Contact's Name:	RUBEN SALGADO
Contact's Title:	MANAGER
Business Name and Address:	JS AERO DELIVERY INC 17738 GRAND AVE LAKE ELSINORE CA 92530
E-mail Address:	RUBEN@87SHIPAERO.COM
Telephone Number:	915 609 0042
Fax Number:	
Hazmat Registration Number:	
Date:	07/10/2017
Preparer is:	Carrier

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County: KERN
State: CA
Zip Code: (if known): 93243
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I-5 NB E LAT 34.91209/LONG118.

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9. Transportation Phase: In Transit

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City: LAKE ELSINORE
State: CA
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Name: BRENNTAG PACIFIC, INC SOUTH GATE
Street: 4545 ARDINE STREET
City: SOUTH GATE
State: CA
Zip Code: 90280
Waybill/Shipping Paper: 279481600
Hazmat Registration Number: 060515552002XZ

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

13. Destination:
Street:
City:
State:
Zip Code:

14. Proper Shipping Name of Hazardous Material: CORROSIVE LIQUID, BASIC, INORGANIC, N.O.S.

15. Technical/Trade Name: ALKALINE 500

16. Hazardous Class/Division: Corrosive Material

17. Identification Number: (E.g. UN2764, NA 2020) UN3266

18. Packing Group: (if applicable) II

19. Quantity Released: (Include Measurement Units) 2970 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:
IBC

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: - 103-Basic Material
How Failed: - 312-Torn Off or Damaged
Causes of Failure: -

26a. Provide the packaging identification markings, if available.
Identification Markings: 31HA1/Y/0417/USA/=AA3964/38002044/1250L/
(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:	IBC	Packaging Type:
Material of Construction:	Composite	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: 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:	False	- Fire:	True
- 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 1722184
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:	$ 11,464.00
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Response Cost:	$ 1,500.00
Remediation/Cleanup Cost:	$ 97,635.00

(See damage definitions in the instructions)

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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? True

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:	5
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? 10

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

If yes, provide the following information:

Estimated speed (mph):	21
Weather conditions:	SUNNY
Vehicle overturned?	False
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:

WHILE TRAVELING ON THE I5 NB TUCK LANE, GOING APPROX 21 MPH WITH FLASHER ON, THE STOP ENGINE LIGHT CAME ON AND DRIVER IMMEDIATELY PULLED OVER TO THE LEFT RIGHT SIDE OF THE ROAD. TURNED ENGINE OFF AND WENT TO INSPECT THE ENGINE. DRIVER AS EXITING THROUGH THE PASSENGER DOOR, NOTICED WHITE SMOKED COMING FROM THE ENGINE COMPARTMENT WHILE OPENING THE HOOD, DRIVER NOTICED A SMALL FLAME COMING FROM THE DRIVER SIDE OF THE ENGINE, DRIVER WENT TO RETRIEVE TRUCK FIRE EXTINGUISHER AND ATTEMPTED TO PUT OUT THE FIRE. THE FIRE BECAME LARGER AND OUT OF CONTROL. WHEN THE EXTINGUISHER WAS EXHAUSTED, I RETURNED TO THE TRUCK AND TOOK WHAT I COULD, AND RAN AS FAR AS POSSIBLY AND CALLED 911. WHEN RESPONDERS ARRIVE THE TRUCK AND TRAILER WERE SEVERELY BURNED & DAMAGES CLEAN HARBORS WERE CALLED TO CLEAN UP THE AREA.

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:

ALL COMPANY FLEET WERE REINSPECTED FOR UNSAFE HAZARD AND ALL DRIVER RETRAINED ON PRE POST INSPECTIONS AND APPLY MORE TAILGATE MEETINGS.

PART VIII – CONTACT INFORMATION

Contact's Name:	RUBEN SALGADO
Contact's Title:	MANAGER
Business Name and Address:	JS AERO DELIVERY INC 17738 GRAND AVE LAKE ELSINORE CA 92530
E-mail Address:	RUBEN@87SHIPAERO.COM
Telephone Number:	915 609 0042
Fax Number:	
Hazmat Registration Number:	
Date:	07/10/2017
Preparer is:	Carrier