



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-2013050395
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
01/31/2013
4. Time of Incident (use 24-hour time):
17:00
5. Enter National Response Center Report Number (if applicable):
1037540
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
- City: WOODS CROSS
County: DAVIS
State: UT
Zip Code: (if known): 84054
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2600 SOUTH I-15 S/B ON RAMP
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: CARDWELL DISTRIBUTING, INC.
Street: 8137 SOUTH STATE STREET
City: MIDVALE
State: UT
Zip Code: 84047
Federal DOT Id Number: 207693
Hazmat Registration Number: 051012551052UV
11. Shipper/Officer:
- Name: SINCLAIR OIL CORPORATION
Street: 245 E. 1100 NORTH
City: SALT LAKE CITY
State: UT
Zip Code: 0034039
Waybill/Shipping Paper: 0034039
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 4743 S. 4225 EAST
City: VERNAL
State: UT
Zip Code: 84078
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: UNDYED ULTRA LOW SULFUR DIESEL FUEL
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) 23 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: -
How Failed: -
Causes of Failure: -

26a. Provide the packaging identification markings, if available.

Identification Markings: DOT 406

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

Packaging Type:
Material of Construction:

27. Describe the package capacity and the quantity:

Single Package or Outer Packaging:

Single Package or Inner Packaging (if any):

Package Capacity: 4800 Liquid - Gallon
Amount in Package: 3304 Liquid - Gallon
Number in Shipment: 1
Number Failed:

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

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

Manufacturer: BEAL
Serial Number: 1BN1M2228TB00042
Material of Construction: (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 0.16 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 0.173 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 01/01/1996
Last Test Date: 01/24/2013

29. If the packaging is for Radioactive Materials, complete the following:

Packaging Category:
Packaging Certification:
Certification Number:
Nuclide(s) Present:
Activity:
Critical Safety Index:

Transport 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 UHP0313001161
Police Report #: False
In-house cleanup: False
Other Cleanup: False

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: \$ 0.00
Carrier Damage: \$ 0.00
Property Damage: \$ 19,550.00
Response Cost: \$ 3,389.00
Remediation/Cleanup Cost: \$ 3,651.00
(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? 5

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

True

If yes, provide the following information:

Estimated speed (mph): 10
Weather conditions: DRY
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:

ON 1/31/2013, AT 5PM, OUR DRIVER WAS GOING AROUND A CORNER TO GET ON INTERSTATE 15 SOUTHBOUND - WOODS CROSS, EXIT 315. HE WAS DRIVING A ROCKY MOUNTAIN DOUBLE COMBINATION (TRACTOR, LEAD TRAILER & PUP TRAILER). THE UNIT WAS LOADED WITH 11004 GALS OF CLEAR DIESEL, OF THAT 3500 GALS WAS ON THE PUP. AS HE WAS GOING AROUND THE CORNER THE PUP WENT UP ON THE CURB AND LOOKS LIKE IT HIT THE CEMENT BARRIER WHICH CAUSED THE PUP TO ROLL OVER.

THERE WASN'T HARDLY ANY FUEL LEAKAGE FROM THE PUP. THE ONLY PROPERTY DAMAGE WAS THE PUP TRAILER BELONGING TO CARDWELL.

DISPATCH RESPONDED TO THE ROLLOVER WITH A TANKWAGON TO PUMP THE FUEL FROM THE PUP. ENVIRO CARE WAS CALL SOUTH DAVIS METRO FIRE DEPT. ALSO RESPONDED SOUTHBOUND RAMP WAS CLOSED FROM 5PM TO 10PM - NO FUEL REACHED DIRT OR SNOW ALONG THE ROAD. IT WAS CONTAINED.

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:

CARDWELL RESPONDED APPROPRIATELY TO THE ROLLOVER. DRIVER WAS DISMISSED - HE TURNED THE CORNER TOO SHORT. CARDWELL DETERMINED THAT THERE WAS ONLY A LOSS OF 23-GALS.

PART VIII - CONTACT INFORMATION

Contact's Name:	LESLIE ARBICKLE
Contact's Title:	OPERATIONS ASSISTANT
Business Name and Address:	CARDWELL DISTRIBUTION 8137 SOUTH STATE STREET MIDVALE UT 84047
E-mail Address:	LESLIE@CARDWELLDIST.COM
Telephone Number:	801-561-4251
Fax Number:	888-231-1268
Hazmat Registration Number:	
Date:	05/21/2013
Preparer is:	Carrier

01/01/1996