



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-2014010353
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 01/02/2014
4. Time of Incident (use 24-hour time): 23:45
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: STILLWATER
County: PAYNE
State: OK
Zip Code: (if known): 74074
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
I-35/4-5 miles east on hwy 51
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: Simons Petroleum LLC
Street: 210 Park Ave
City: Oklahoma City
State: OK
Zip Code: 73102
Federal DOT Id Number: 335576
Hazmat Registration Number:
11. Shipper/Officer:
Name: Simons Petroleum LLC
Street: 210 Park Ave
City: Oklahoma City
State: OK
Zip Code: 73102
Waybill/Shipping Paper:
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 4700 NE 10th St
City: Oklahoma City
State: OK
Zip Code: 73111
13. Destination:
Street: CAENOM41CALLWELL-1MH
City: Payne County
State: OK
Zip Code:
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) NA1993

- 18. Packing Group:** (if applicable) III
- 19. Quantity Released:** (Include Measurement Units) 300 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: - 137-Manway or Dome Cover
How Failed: - 308-Leaked
Causes of Failure: - Rollover Accident

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: 3100 Liquid - Gallon
Amount in Package: 2951 Liquid - Gallon
Number in Shipment: 1
Number Failed: 1

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

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

Manufacturer:	Polar Tank Trailers	Manufacture Date:	03/01/2005
Serial Number:	1PYA243246500468	Last Test Date:	06/01/2013
Material of Construction:	Aluminum (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	5 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.22 INCH (if Tank Car, CTMV)		
Service Pressure:	(if Cylinder)		
If valve or device failed:			
Type:	Manway		
Model:	PAF406-98		
Manufacturer:	Betts		

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 K00007-14
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: \$ 1,200.00
Carrier Damage: \$ 34,455.00
Property Damage: \$ 0.00
Response Cost: \$ 10,000.00
Remediation/Cleanup Cost: \$ 42,000.00
(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: 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): 22
Weather conditions: Dry
Vehicle overturned? True
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:

On 1/2/14 at approximately 2345 company transport driver was traveling east bout on highway 51, 4 miles west of I35 near Stillwater, OK. While traveling in the left lane, for an unknown reason the driver failed to maintain his lane and departed the roadway left striking a guard rail and subsequent bridge barrier. After crossing the bridge, the transport truck departed the roadway completely and entered the center median causing the transport to roll-over and separated the tractor from the trailer. The tractor rolled over one complete time, and the trailer rolled over and come to reset lying on its side. As a result of the crash the driver sustained multiple blunt force injuries and approximately 300 gallons of diesel fuel was released from the manway hatch of the front compartment on the cargo tank. The spill area impacted an approximate area of 20x30 yards. No waterway was impacted. Duration of release was approximately five hours at an unknown rate of loss. Environmental response team was immediately dispatched to respond to the spilled diesel fuel. The cleanup crew used traditional remedial process to contain and recover lost diesel fuel by excavation and removal of the contaminated soil. The site has been restored to pre-accident condition.

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:

The root cause (reason why the driver left roadway) is still under investigation. Therefor recommendations for improvement is still pending.

PART VIII – CONTACT INFORMATION

Contact's Name:	Caleb Moore
Contact's Title:	EHS/DOT Administrator
Business Name and Address:	Pilot Logistics Services 621 N Morgan Road Oklahoma City OK 73102
E-mail Address:	caleb.moore@pilotlogistics.com
Telephone Number:	405-551-2249
Fax Number:	
Hazmat Registration Number:	
Date:	01/31/2014
Preparer is:	Carrier

03/01/2005