



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-1990120600
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/14/1990
4. Time of Incident (use 24-hour time):
07:00
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: BUCYRUS
County: CRAWFORD
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATE ROUTE 30
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: BROBST TRUCKING INC
Street: 80 HOPEWELL AVENUE
City: TIFFIN
State: OH
Zip Code: 44883
Federal DOT Id Number: MC 220110
Hazmat Registration Number:
11. Shipper/Officer:
- Name: PENNZOIL CO
Street: PO BOX 808
City: OIL CITY
State: PA
Zip Code: 163010808
Waybill/Shipping Paper: #3780
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street: 211 WALL STREET
City: TIFFIN
State: OH
Zip Code: 44883
13. Destination:
- Street: 413 WOOSTER ROAD
City: MOUNT VERNON
State: OH
Zip Code: 43050
14. Proper Shipping Name of Hazardous Material: KEROSENE
15. Technical/Trade Name:
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1223

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2962 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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:

Portable Tank

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: - 161-Weld or Seam

How Failed: - 303-Burst or Ruptured; 310-Ripped or Torn

Causes of Failure: - Rollover Accident; Vehicular Crash or Accident Damage

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

Identification Markings:

(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: 3497.375 Liquid - Gallon
Amount in Package:
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: PENNZOIL CO
Serial Number: 922675
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:

Manufacture Date:
Last Test Date: 10/12/1990

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: | True |
| - Vapor (Gas) Dispersion: | False | - Environmental Damage: | True |
| - No Release: | False | | |

31. Emergency Response: The following entities responded to the incident: (Check all that apply)

Fire/EMS Report #:
Police Report #:
In-house cleanup:
Other Cleanup:

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:	\$ 6,711.00
Carrier Damage:	\$ 81,051.00
Property Damage:	\$ 1,500.00
Response Cost:	\$ 0.00
Remediation/Cleanup Cost:	\$ 50,000.00

(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:	
Responders:	
General Public:	

33b. Were there human fatalities that did not result from the hazardous material? False

If yes, how many?

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:	
Responders:	
General Public:	

Non-Hospitalized:

(e.g.: On site first aid or Emergency Room observation and release)

Employees:	
Responders:	
General Public:	

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:	0
Duration of the evacuation:	

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

If yes, how many?

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

If yes, provide the following information:

Estimated speed (mph):	50
Weather conditions:	
Vehicle overturned?	
Vehicle left roadway/track?	

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:

A VEHICLE WAS TRAVELING WEST BOUND WHEN OUR VEHICLE WAS TRAVELING EAST BOUND. THE VEHICLE TRAVELING WEST, WENT LEFT OF CENTER INTO THE EAST BOUND LANE. TO AVOID A HEAD ON COLLISION, OUR VEHICLE TURNED RIGHT AND ENTERED A DITCH, WHICH CAUSED OUR VEHICLE TO OVERTURN. A TELEPHONE POLE RUPTUTED THE BACK COMPARTMENT. OUR COMPANY WAS NOTIFIED BY THE STATE HIGHWAY PATROL AT 7:15AM. THEY STATED THAT OUR VEHICLE WAS INVOLVED IN AN ACCIDENT AND ABOUT 2000 GALLONS OF DIESEL FUEL HAD BEEN SPILLED INTO THE DITCH. THEY ALSO STATED THAT THE FIRE DEPARTMENT WAS ON THE SCENE AND THAT OUR DRIVER WAS UNINJURED. WE THEN NORIFIED THE EPA AT 1-800-282-9378. THEN WE NOTIFIED THE HAZARDOUS MATERIAL DOT SPILL NUMBER 1-800-424-8802. THEN WE NOTIFIED K & D INDUSTRIES OUT OF MANSFIELD, OHIO, WHICH IS A SPILL EPA REGULATED CLEANUP CREW.

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:

PART VIII – CONTACT INFORMATION

Contact's Name: BRET G BROBST
Contact's Title: PRESIDENT
Business Name and Address:

E-mail Address:
Telephone Number: 14194471941
Fax Number:
Hazmat Registration Number:
Date: 12/19/1990
Preparer is:



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6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: BUCYRUS
County: CRAWFORD
State: OH
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
STATE ROUTE 30
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: BROBST TRUCKING INC
Street: 80 HOPEWELL AVENUE
City: TIFFIN
State: OH
Zip Code: 44883
Federal DOT Id Number: MC 220110
Hazmat Registration Number:
11. Shipper/Offeror:
Name: PENNZOIL CO
Street: PO BOX 808
City: OIL CITY
State: PA
Zip Code: 163010808
Waybill/Shipping Paper: #3780
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street: 211 WALL STREET
City: TIFFIN
State: OH
Zip Code: 44883
13. Destination:
Street: 413 WOOSTER ROAD
City: MOUNT VERNON
State: OH
Zip Code: 43050
14. Proper Shipping Name of Hazardous Material: FUEL OIL
15. Technical/Trade Name:
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 2000 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

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

Identification Markings:

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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: 3064.25 Liquid - Gallon
Amount in Package:
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: PENNZOIL CO
Serial Number: 922675
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:

Manufacture Date:
Last Test Date: 10/12/1990

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Nuclide(s) Present:
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Responders:
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Employees:
Responders:
General Public:

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36. Was a major transportation artery or facility closed?

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Contact's Title: PRESIDENT
Business Name and Address:

E-mail Address:
Telephone Number: 14194471941
Fax Number:
Hazmat Registration Number:
Date: 12/19/1990
Preparer is: