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-2014050158
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
03/22/2014

4. Time of Incident (use 24-hour time):
09:00

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: CONWAY
County: FAULKNER
State: AR
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
INTERSTATE 40 EXIT 127 EAST

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: THOMAS FUELS, LUBRICANTS & CHEMICALS, INC.
Street: 9701 US HIGHWAY 59 N
City: VICTORIA
State: TX
Zip Code: 77905-5567
Federal DOT Id Number: 336626
Hazmat Registration Number: 052213551013V

11. Shipper/Offeror:
Name: THOMAS FUELS LUBRICANTS AND CHEMICALS
Street: 1894 HIGHWAY 124
City: Damascus
State: AR
Zip Code: 72039
Waybill/Shipping Paper: 0000664471
Hazmat Registration Number: 052213551013V

12. Origin (if different from shipper address)
Street: 2626 CENTRAL AIRPORT RD
City: N Little Rock
State: AR
Zip Code: 72117

13. Destination:
Street: 41 E 3RD ST
City: BALD KNOB
State: AR
Zip Code: 72010

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: DYED 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) 200 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: NA 1993
(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:	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:	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
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:	$ 600.00
Carrier Damage:	$ 45,000.00
Property Damage:	$ 0.00
Response Cost:	$ 15,000.00
Remediation/Cleanup Cost:	$ 10,000.00

(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:	
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):	24
Weather conditions:	sunny
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:

THOMAS PETROLEUM, LLC HAD A DYED DIESEL SPILL ON MARCH 22, 2014 AT APPROXIMATELY 8:25 A.M. ON HIGHWAY 64 (ALSO KNOWN AS OAK STREET) IN CONWAY, ARKANSAS (SEE ATTACHED MAP). THE ESTIMATED AMOUNT RELEASED ONTO THE SOIL WAS 100 TO 200 GALLONS. EMERGENCY MANAGEMENT REPORTED THIS ACCIDENT TO THE STATE OF ARKANSAS ON MARCH 22, 2014. THE STATE REPORT IDENTIFICATION NUMBER IS 14-0154.

PRO AUTO CONTACTED THOMAS PETROLEUM, WHO THEN AGREED WITH PRO AUTO TO DISPATCH BIRDSONG'S ENVIRONMENTAL TO THE SCENE OF THE ACCIDENT AT APPROXIMATELY 8:49 A.M. THE ENVIRONMENTAL VENDOR CALLED ONE SITE MANAGER/SUPERINTENDENT ALONG WITH SPILL RESPONSE TRAILER, ONE HEAVY EQUIPMENT OPERATOR, ALONG WITH TRUCK AND EXCAVATOR, AND ONE TRI-AXLE DUMP TRUCK AND DRIVER. ALL OPERATORS AND DRIVERS ARE TRAINED IN SPILL RESPONSE. THE ENVIRONMENTAL SITE MANAGER ARRIVED ON SCENE AND MADE A COMPLETE ASSESSMENT OF WHAT WAS NEEDED TO PREVENT FURTHER CONTAMINATION. HE PLACED ABSORBENT PADS AND BOOMS IN THE FREE PRODUCT, NOTIFIED ONE CALL TO MARK ALL THE UTILITIES, AND DISPATCHED A VACUUM TRUCK AS WELL, TO HELP VACUUM THE FREE PRODUCT OFF THE ROADWAY AND OUT OF THE ROAD DITCH ONCE HE ARRIVED ON SCENE. THE EXCAVATOR WAS USED TO FORM EARTH DAMS TO PREVENT WATER IN THE ROAD DITCH FROM CONTINUING DOWN THE EMBANKMENT. THEY ALL MONITORED AS THE WRECKER SERVICE WAS LIFTING AND PUMPING OFF THE DYED DIESEL PRODUCT TO ENSURE THERE WAS NO PRODUCT LEAKING AND THAT IT WOULD NOT CAUSE FURTHER CONTAMINATION.

ONCE THE WRECKAGE WAS REMOVED, THE EXCAVATION PROCESS STARTED TO REMOVE THE CONTAMINATED SOIL. AN EARTH BERM WAS FORMED AT THE END OF THE CULVERT. THE CULVERT WAS THEN FLUSHED WITH FRESH WATER AND MICRO BLAZE AS THE CONTAMINATED WATER WAS VACUUMED FROM THE OTHER END. AFTER EXCAVATING, THE AREA WAS BACK FILLED WITH CLEAN SOIL, SEEDED, AND WHEAT STRAW WAS BLOWN OVER THE AREA FOR EROSION CONTROL. WHEAT STRAW BALES WERE PLACED IN THE ROAD DITCH TO PREVENT RUNOFF.

THE CONTAMINATED SOIL WAS BROUGHT TO THE BIRDSONG ENVIRONMENTAL'S OFFICE AND STAGED ON HEAVY MILL PLASTIC. A BERM WAS THEN FORMED AROUND THE AREA WITH EXCAVATOR, PER ARKANSAS DEPARTMENT OF ENVIRONMENTAL QUALITY REQUIREMENTS. SEE ATTACHED FOLLOWING DOCUMENTS: ANALYTICAL SDG NUMBER 1403209-01, 02, 03 IS FROM THE SITE LOCATION AFTER CLEAN-UP; ANALYTICAL SDG NUMBER 1403208-01 CONTAMINATED SOIL FOR LANDFILL DISPOSAL; PROFILE NUMBER 994228AR FOR WASTE MANAGEMENT; AND MANIFEST NUMBER 14277 FOR WASTE MANAGEMENT. ALL CONTAMINATED SOIL HAS BEEN PROPERLY DISPOSED OF.

IF YOU HAVE ANY FURTHER QUESTIONS, PLEASE DO NOT HESITATE TO CONTACT ME.

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 HEALTH, SAFETY, AND ENVIORNMENTAL DEPARTMENT CONDUCTED A THROUGH INVESTIGATION AND HELD AN ACCIDENT REVIEW BOARD. USING THE INFORMATION OBTAINED FROM THE INVESTIGATION AND THE ACCIDENT REVIEW BOARD, ALL CDL DRIVERS WERE REQUIRED TO ATTEND A SAFETY MEETING STRESSING THE IMPORTANCE OF SAFE DRIVING TECHNIQUES. THE COMPANY IS INVOLVED IN A COMPANYWIDE INITIATIVE TO PROVIDE SMITH SYSTEMS DRIVER TRAINING TO ALL DRIVERS. ADDITIONALLY, WE HOLD REGULAR SAFETY MEETINGS AND TOOLBOX DISCUSSIONS.

PART VIII – CONTACT INFORMATION

Contact's Name:	MEGAN ZETTLEMOYER
Contact's Title:	CORPORATE ENVIRONMENTAL COMPLIANCE
Business Name and Address:	THOMAS PETROLEUM LLC
	9701 US HIGHWAY 59 N VICTORIA TX 77902
E-mail Address:	MZETTLEMOYER@CLTHOMAS.COM
Telephone Number:	361 573 8073
Fax Number:	361 580 9573
Hazmat Registration Number:	
Date:	05/13/2014
Preparer is:	Other - CORPORATE OFFICE