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-2026050018
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
06/12/2025

4. Time of Incident (use 24-hour time):
04:27

5. Enter National Response Center Report Number (if applicable):
1434015

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

7. Location of Incident:
City: SHOW LOW
County: NAVAJO
State: AZ
Zip Code: (if known): 85901
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US 60 Mile Marker 311

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: DESERT REFINED PRODUCTS TRANSPORT, INC.
Street: 831 S 59TH AVE
City: PHOENIX
State: AZ
Zip Code: 85043-4505
Federal DOT Id Number: 454597 Hazmat Registration Number:

11. Shipper/Offeror:
Name: MARATHON PETROLEUM COMPANY LP
Street: 539 S MAIN ST
City: FINDLAY
State: OH
Zip Code: 45840
Waybill/Shipping Paper: 267786/267789 Hazmat Registration Number:

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: DIESEL FUEL

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1202

18. Packing Group: (if applicable) I

19. Quantity Released: (Include Measurement Units) 912 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: - 149-Tank Head; 150-Tank Shell
How Failed: - 304-Cracked; 305-Crushed; 307-Gouged or Cut
Causes of Failure: - Abrasion; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406-AL
(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:	9500 Liquid - Gallon	Package Capacity:	
Amount in Package:	8271 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	Beall	Manufacture Date:	04/04/2005
Serial Number:	1BN2T44265B00796	Last Test Date:	04/11/2025
Material of Construction:	ALUMINIUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3.3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.018 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.196 INCH (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
- Explosion:
- Vapor (Gas) Dispersion: True
- No Release: False
- Fire:
- Material Entered Waterway/Storm Sewer: True
- Environmental Damage: True

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

Fire/EMS Report #:
Police Report #: True I25035630
In-house cleanup:
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:	$ 16,859.00
Carrier Damage:	$ 80,569.00
Property Damage:	$ 0.00
Response Cost:	$ 40,635.00
Remediation/Cleanup Cost:	$ 2,500,000.00

(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? True

If yes, how many? 20

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

If yes, provide the following information:

Estimated speed (mph):	45
Weather conditions:	Clear
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:

A tanker truck merged off the roadway rolled over into the embankment, breaching the transport carrier and immediately discharging approximately 5,412 gallons of gasoline and 912 gallons of diesel fuel onto the ground surface along the east side of U.S. Highway 60 at Milepost 311 on the Fort Apache Indian Reservation near Carrizo in Gila County, Arizona. The released fuel migrated laterally downslope approximately 140 feet to the southeast, following the natural topographic gradient, and entered an ephemeral wash. The fuel then traveled an additional 420 feet eastward along the wash flow path. The ephemeral wash in the area flows from the west side of the highway and passes beneath U.S. 60 via a box culvert upstream of the point where the fuel entered the wash. A remedial excavation was performed where
approximately 3,316.48 tons of petroleum contaminated soil (PCS) was transported and disposed of offsite at the Painted Desert Landfill located in Joesph City, Arizona. Confirmation soil samples were collected to confirm impacted soils were excavated . Refer to Technical Summary Report DRPT Spill at US 60 MM 311.

The cargo tank failure was do to the impact when the vehicle overturned and ruptured the tanker shell in three places. The dome lids and internal valves did not fail.

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 highway where the accident occurred is in a remote area, with little shoulder area in case a vehicle leaves the roadway, and it is very dark with no street lights. We have limited this route to daylight only as a safety precaution

PART VIII – CONTACT INFORMATION

Contact's Name:	JOHN SHREINER
Contact's Title:	PRESIDENT
Business Name and Address:	DESERT REFINED PRODUCTS TRANSPORT, INC. 831 S 59TH AVE PHOENIX AZ 85043-4505
E-mail Address:	ko.zhang.ctr@dot.gov
Telephone Number:	6023057202
Fax Number:	6023057275
Hazmat Registration Number:	
Date:	04/30/2026
Preparer is:	Carrier

04/04/2005

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5. Enter National Response Center Report Number (if applicable):
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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: SHOW LOW
County: NAVAJO
State: AZ
Zip Code: (if known): 85901
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
US 60 Mile Marker 311

8. Mode of Transportation: Highway

9. Transportation Phase: In Transit

10. Carrier/Reporter:
Name: DESERT REFINED PRODUCTS TRANSPORT, INC.
Street: 831 S 59TH AVE
City: PHOENIX
State: AZ
Zip Code: 85043-4505
Federal DOT Id Number: 454597 Hazmat Registration Number:

11. Shipper/Offeror:
Name: MARATHON PETROLEUM COMPANY LP
Street: 539 S MAIN ST
City: FINDLAY
State: OH
Zip Code: 45840
Waybill/Shipping Paper: 267786/267789 Hazmat Registration Number:

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: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL

15. Technical/Trade Name:

16. Hazardous Class/Division: Flammable - Combustible Liquid

17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable) I

19. Quantity Released: (Include Measurement Units) 5412 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

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24. Check Packaging Type (check only one - if more than one, list type of packaging, copy Part III, and complete for each type:
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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.
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How Failed: - 304-Cracked; 305-Crushed; 307-Gouged or Cut
Causes of Failure: - Abrasion; Vehicular Crash or Accident Damage

26a. Provide the packaging identification markings, if available.
Identification Markings: DOT 406-AL
(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)

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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:	9500 Liquid - Gallon	Package Capacity:	
Amount in Package:	8271 Liquid - Gallon	Amount in Package:	
Number in Shipment:		Number in Shipment:	
Number Failed:		Number Failed:	

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

Manufacturer:	Beall	Manufacture Date:	04/04/2005
Serial Number:	1BN2T44265B00796	Last Test Date:	04/11/2025
Material of Construction:	ALUMINIUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3.3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	0.018 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	0.196 INCH (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:
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Nuclide(s) Present: Transport Index:
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Fire/EMS Report #:
Police Report #: True I25035630
In-house cleanup:
Other Cleanup: True

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(See damage definitions in the instructions)

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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? True

If yes, how many? 20

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

If yes, provide the following information:

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Weather conditions:	Clear
Vehicle overturned?	True
Vehicle left roadway/track?	True

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Describe:

The highway where the accident occurred is in a remote area, with little shoulder area in case a vehicle leaves the roadway, and it is very dark with no street lights. We have limited this route to daylight only as a safety precaution

PART VIII – CONTACT INFORMATION

Contact's Name:	JOHN SHREINER
Contact's Title:	PRESIDENT
Business Name and Address:	DESERT REFINED PRODUCTS TRANSPORT, INC. 831 S 59TH AVE PHOENIX AZ 85043-4505
E-mail Address:	ko.zhang.ctr@dot.gov
Telephone Number:	6023057202
Fax Number:	6023057275
Hazmat Registration Number:	
Date:	04/30/2026
Preparer is:	Carrier

04/04/2005