



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-2019070299
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 06/03/2019
4. Time of Incident (use 24-hour time): 05:38
5. Enter National Response Center Report Number (if applicable): 1231759
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: CARSON
County: LOS ANGELES
State: CA
Zip Code: (if known): 90810
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
2000 EAST SEPULVEDA BLVD
8. Mode of Transportation: Highway
9. Transportation Phase: Loading
10. Carrier/Reporter:
Name: DAVID J MANNING TRUCKING
Street: 19056 RED FEATHER RD
City: APPLE VALLEY
State: CA
Zip Code: 92307-5322
Federal DOT Id Number: 1243334
Hazmat Registration Number:
11. Shipper/Officer:
Name: KINDER MORGAN ENERGY PARTNERS, L.P.
Street: 2000 E SEPULVEDA BLVD
City: CARSON
State: CA
Zip Code: 90810-1937
Waybill/Shipping Paper: BOL 1763205
Hazmat Registration Number: 060518550262A
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: NAVAL WEAPONS CENTER
City: CHINA LAKE
State: CA
Zip Code: 93555
14. Proper Shipping Name of Hazardous Material: FUEL, AVIATION, TURBINE ENGINE
15. Technical/Trade Name: JET-A W/ADDITIVES/F-24
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1863

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 3104 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? True
If yes, provide the Hazard Zone: D

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: - 150-Tank Shell
How Failed: - 303-Burst or Ruptured
Causes of Failure: - Fire, Temperature, or Heat

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

Identification Markings: NO MARKINGS GIVEN

(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: 8300 Liquid - Gallon Amount in Package: 4481 Liquid - Gallon Number in Shipment: Number Failed:	Package Capacity: Amount in Package: Number in Shipment: 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 #: 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: \$ 11,000.00
Carrier Damage: \$ 40,000.00
Property Damage: \$ 7,000,000.00
Response Cost: \$ 61,628.00
Remediation/Cleanup Cost: \$ 184,884.00
(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?

True

If yes, enter the number of injuries resulting from the hazardous material:

Hospitalized (Admitted Only):

Employees: 1
Responders:
General Public:

Non-Hospitalized:

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

Employees:
Responders:
General Public: 3

35. Did the hazardous material cause or contribute to an evacuation?

True

If yes, provide the following information:

Total number of general public evacuated: 18
Total number of employees evacuated: 10
Total evacuated: 28
Duration of the evacuation: 0.5

36. Was a major transportation artery or facility closed?

False

If yes, how many?

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

False

If yes, provide the following information:

Estimated speed (mph):
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:

THOMAS HEATH, DRIVER FOR DAVID J MANNING TRUCKING, ENTERED THE CARSON TERMINAL AT 5:06 A.M. ON JUNE 3, 2019 TO LOAD JET FUEL FOR DELIVERY TO DLA-AMERICA WEST NAVAL WEAPONS CENTER. AT 5:23 A.M. IN LANE 6, HEATH ENTERED A 2,300 GALLON PRESET ON LOADING ARM 0603 TO LOAD JET-A FUEL IN HIS FIRST COMPARTMENT. WHEN THIS LOAD IS COMPLETED, HEATH ENTERED 1,600 GALLON PRESET TO LOAD JET-A FUEL IN HIS SECOND COMPARTMENT. WHEN THIS LOAD IS COMPLETED, HEATH ENTERED 1,700 GALLON PRESET TO LOAD JET-A FUEL IN HIS THIRD COMPARTMENT. AT 5:38 11 A.M., FIRE CAN BE SEEN EMANATING FROM INSIDE THE TANK AND OUT TWO TANK MANHOLE/UPPER COVERS IMMEDIATELY PRIOR TO THE TANK EXPLODING. [HEATH HAD LOADED 581 GALLONS OF JET-A WHEN THE EXPLOSION OCCURRED AND THE LOADING FLOW WAS AUTOMATICALLY SHUT OFF.] HEATH AND DRIVERS ON SITE IMMEDIATELY BEGAN TO EVALUATE TOWARD SEPULVEDA BOULEVARD. 911 IS CALLED AT APPROXIMATELY 5:40 A.M. THE EMERGENCY SHUTDOWN SWITCH FOR THE TRUCK RACK IS TRIGGERED; FIRE SUPPRESSION SPRINKLERS AND FOAM ARE ACTIVATED ; AND KINDER MORGAN PERSONNEL DIRECT FIRE MONITORS TOWARD THE FIRE. THE LOS ANGELES COUNTY FIRE DEPARTMENT WAS DISPATCHED AT 5:41 A.M. AND ARRIVED ONSITE AT 5:50 A.M. THE FIRE IS EXTINGUISHED AT 6:10:26 A.M. THE EXPLOSION AND FIRE SIGNIFICANTLY DAMAGED THE TRUCK RACK AND FUELS LOADING SYSTEMS; THE EXPLOSION AND FIRE DESTROYED THE TRUCK AND TANK TRAILER IN LANE 6; THE TRUCK IN LANE 5 WAS DESTROYED, AND ITS TRAILER SEVERELY DAMAGED; AND FIRE AND EXPLOSION DAMAGE TO OTHER NEARBY TRUCKS WAS ALSO NOTED (AIR BRAKE LINES DESTROYED, ETC.).

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 INCIDENT WHICH IS THE SUBJECT OF THIS REPORT IS STILL UNDER INVESTIGATION. THIS REPORT WILL BE SUPPLEMENTED, AS REQUIRED, AS ADDITIONAL, RELEVANT INFORMATION IS OBTAINED.

PART VIII – CONTACT INFORMATION

Contact's Name:	NANCY VAN BURGEL
Contact's Title:	ASSISTANT GENERAL COUNSEL
Business Name and Address:	KINDER MORGAN, INC. 370 VAN GORDON LAKEWOOD CO 80228
E-mail Address:	NANCY_VANBURGEL@KINDERMORGAN.COM
Telephone Number:	303-914-4634
Fax Number:	
Hazmat Registration Number:	
Date:	07/30/2019
Preparer is:	Facility owner/operator