



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-2019020031
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/12/2018
4. Time of Incident (use 24-hour time):
12:01
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: NICHOLASVILLE
County: JESSAMINE
State: KY
Zip Code: (if known): 40356
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILE POINT 10.824
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: LEWIS TRANSPORT, INC.
Street: 506 BURKESVILLE ST
City: COLUMBIA
State: KY
Zip Code: 42728-1610
Federal DOT Id Number: 225330
Hazmat Registration Number: 062618550137A
11. Shipper/Offendor:
- Name: MPLX TERMINALS LLC
Street: 1770 OLD FRANKFORT PIKE
City: LEXINGTON
State: KY
Zip Code: 40504
Waybill/Shipping Paper: 438069
Hazmat Registration Number:
12. Origin (if different from shipper address)
- Street:
City:
State:
Zip Code:
13. Destination:
- Street: 979 N. MAIN ST.
City: NICHOLASVILLE
State: KY
Zip Code: 40356
14. Proper Shipping Name of Hazardous Material: GASOLINE INCLUDES GASOLINE MIXED WITH ETHYL ALCOHOL, WITH NOT MORE THAN 10% ALCOHOL
15. Technical/Trade Name: GAS
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1203

- 18. Packing Group:** (if applicable) II
- 19. Quantity Released:** (Include Measurement Units) 135 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: -

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: 9500 Liquid - Gallon
Amount in Package: 8496 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:	HEIL	Manufacture Date:	11/21/2003
Serial Number:	5HTAB432247H6775	Last Test Date:	10/26/2018
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3.3 PSI (if Tank Car, CTMV, Portable Tank)		
Shell Thickness:	173 INCH (if Tank Car, CTMV, Portable Tank)		
Head Thickness:	173 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 | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | True |
| - 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 72288667
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: \$ 300.00
Carrier Damage: \$ 78,500.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 33,500.00
(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? 6

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

True

If yes, provide the following information:

Estimated speed (mph): 10
Weather conditions: CLEAR, DRY
Vehicle overturned? True
Vehicle left roadway/track? False

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:

DRIVER WAS EN ROUTE TO DELIVER PRODUCT TO SPEEDWAY 979 N. MAIN ST. IN NICHOLASVILLE, KY. HE WAS TURNING LEFT FROM THE RIGHT LANE OF US27 LEXINGTON ROAD ON AN OFF-CAMBER CORNER ONTO 27 BUSINESS MAIN ST., NICHOLASVILLE, KY. DURING THE TURN HE SAID HIS FOOT SLID OFF THE BRAKE AND ONTO THE GAS PEDAL ACCELERATING THE TRUCK AND CAUSING IT TO OVERTURN. THE DRIVER WAS ABLE TO EXIT THE TRUCK. NICHOLASVILLE EMT, POLICE AND FIRE DEPARTMENTS ARRIVED AT THE SCENE. ENVIRONMENTAL SERVICES FROM NICHOLASVILLE WERE CALLED AND RESPONDED TO THE ACCIDENT WHERE THEY WERE ABLE TO STOP FLOW AND REMEDIATE THE AREA. THE OVERTURNED TRAILER WAS TREATED WITH PETRO-CLEAN FOAM BY THE BLUEGRASS AIRPORT FIRE DEPARTMENT. TWO ROTATOR RECOVERY UNITS WERE BROUGHT IN FROM ROBERTS HEAVY TOWING TO UPRIGHT THE UNITS.

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:

INCIDENT WILL BE DISCUSSED AT COMPANY SAFETY MEETINGS. SPEED AND TURNING COUNTERMEASURES WILL ALSO BE DISCUSSED.

PART VIII – CONTACT INFORMATION

Contact's Name:	TAMMY HUFF
Contact's Title:	SAFETY DIRECTOR
Business Name and Address:	LEWIS TRANSPORT INC 506 BURKESVILLE ST. COLUMBIA KY 42728
E-mail Address:	SAFETY@LEWISTRANSPORTINC.COM
Telephone Number:	270-384-4132
Fax Number:	270-385-9844
Hazmat Registration Number:	
Date:	01/11/2019
Preparer is:	Carrier

11/21/2003



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3. Date of Incident: 12/12/2018
4. Time of Incident (use 24-hour time): 12:01
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: NICHOLASVILLE
County: JESSAMINE
State: KY
Zip Code: (if known): 40356
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
MILE POINT 10.824
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: LEWIS TRANSPORT, INC.
Street: 506 BURKESVILLE ST
City: COLUMBIA
State: KY
Zip Code: 42728-1610
Federal DOT Id Number: 225330
Hazmat Registration Number: 062618550137A
11. Shipper/Officer:
Name: MPLX TERMINALS LLC
Street: 1770 OLD FRANKFORT PIKE
City: LEXINGTON
State: KY
Zip Code: 40504
Waybill/Shipping Paper: 438069
Hazmat Registration Number:
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: 979 N. MAIN ST.
City: NICHOLASVILLE
State: KY
Zip Code: 40356
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: DIESEL
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) 15 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:

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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.

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: -

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: 9500 Liquid - Gallon
Amount in Package: 8496 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: HEIL
Serial Number: 5HTAB432247H6775
Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3.3 PSI (if Tank Car, CTMV, Portable Tank)
Shell Thickness: 173 INCH (if Tank Car, CTMV, Portable Tank)
Head Thickness: 173 INCH (if Tank Car, CTMV)
Service Pressure: (if Cylinder)
If valve or device failed:
Type:
Model:
Manufacturer:

Manufacture Date: 11/21/2003
Last Test Date: 10/26/2018

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):

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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:
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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? 6

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

True

If yes, provide the following information:

Estimated speed (mph): 10
Weather conditions: CLEAR, DRY
Vehicle overturned? True
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Contact's Title:	SAFETY DIRECTOR
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E-mail Address:	SAFETY@LEWISTRANSPORTINC.COM
Telephone Number:	270-384-4132
Fax Number:	270-385-9844
Hazmat Registration Number:	
Date:	01/11/2019
Preparer is:	Carrier

11/21/2003