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-2011090186
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
07/01/2011

4. Time of Incident (use 24-hour time):
02:30

5. Enter National Response Center Report Number (if applicable):
981388

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

7. Location of Incident:
City: SUPERIOR
County: DOUGLAS
State: WI
Zip Code: (if known):
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:

8. Mode of Transportation: Highway

9. Transportation Phase: Unloading

10. Carrier/Reporter:
Name: EDWARDS OIL INC
Street: 820 HOOVER ROAD
City: Virginia
State: MN
Zip Code: 55792
Federal DOT Id Number: 207982
Hazmat Registration Number:

11. Shipper/Offeror:
Name: EDWARDS OIL INC
Street: 820 HOOVER ROAD
City: VIRGINIA
State: MN
Zip Code: 55792
Waybill/Shipping Paper:
Hazmat Registration Number:

12. Origin (if different from shipper address)
Street: MURPHY OIL
City: SUPERIOR
State: WI
Zip Code:

13. Destination:
Street: MIDWEST ENERGY
City: SUPERIOR
State: WI
Zip Code:

14. Proper Shipping Name of Hazardous Material: DIESEL FUEL

15. Technical/Trade Name: #2 ULTRA LOW SULFUR 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) 696 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: - 150-Tank Shell
How Failed: - 309-Punctured
Causes of Failure: - Human Error

26a. Provide the packaging identification markings, if available.
Identification Markings: NO MARKINGS PROVIDED
(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:	9000 Liquid - Gallon	Package Capacity:	
Amount in Package:	7200 Liquid - Gallon	Amount in Package:	
Number in Shipment:	1	Number in Shipment:	
Number Failed:	1	Number Failed:	

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

Manufacturer:	HEIL	Manufacture Date:	01/01/1996
Serial Number:		Last Test Date:	
Material of Construction:	ALUMINUM (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:	True
- No Release:	False		

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

Fire/EMS Report #:	False
Police Report #:	False
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:	$ 2,500.00
Carrier Damage:	$ 7,500.00
Property Damage:	$ 0.00
Response Cost:	$ 0.00
Remediation/Cleanup Cost:	$ 35,000.00

(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:	0
Responders:	0
General Public:	0

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

If yes, how many? 0

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:	0
Responders:	0
General Public:	0

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

Employees:	0
Responders:	0
General Public:	0

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? 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:

THE MORNING OF JULY 1, 2011; EDWARDS OIL WAS MAKING A ROUTINE DELIVERY TO THE EQUIPMENT TANK AT APPROXIMATELY 2:30 AM. AS DRIVER BOB ZIESMER APPROACHED THE TANK TO WHERE THE FUEL WAS TO BE UNLOADED HE NOTICED THAT THERE WAS A LARGE, STANDING WATER POOL BLOCKING DIRECT ACCESS TO THE TANK. MR. ZIESMER HAD MADE THIS DELIVERY MANY TIMES PREVIOUSLY AND KNEW FROM PAST EXPERIENCE THAT WHEN THAT AREA GETS WET THAT THERE IS A GOOD LIKELIHOOD THAT THE TRUCK WILL GET STUCK IN THE SOFT, WET MATERIAL. OTHER DRIVERS HAD GOTTEN STUCK IN THE SAME AREA PREVIOUSLY AND HAD TO BE PULLED OUT WITH EQUIPMENT FROM MIDWEST ENERGY. TO ACCESS THE TANK AREA, MR. ZIESMER HAD TO PULL AROUND THE LARGE, WET AREA OF STANDING WATER AND IN HIS MANEUVER TOWARD THE TANK ENDED UP BACKING HIS TANKER INTO THE EQUIPMENT BAY. AS MR. ZIESMER PULLED OUT OF THE BAY, HE HAD TO TURN THE TRACTOR IN ORDER TO MANEUVER TOWARD THE TANK. UNFORTUNATELY, MR. ZIESMER TURNED TOO QUICKLY OR SHARPLY AND AS HE PULLED FURTHER OUT OF THE BAY, THE TANKER COMPARTMENT WAS RIPPED OPEN ABOUT MIDWAY UP BY A VERTICAL STEEL POST THAT ACTED AS AN OVERHEAD DOOR BUMPER. APPROXIMATELY 700 GALLONS OF THE COMPARTMENT CONTENTS OF DIESEL FUEL ESCAPED. FORTUNATELY, THE MAJORITY OF THE FUEL RAN BACK INTO THE CONCRETE LINED EQUIPMENT BY FROM WHICH MR. ZIESMER WAS EXITING FROM AND WAS CONTAINED. A SMALL AMOUNT RAN FORWARD AND INTO THE AREA MADE UP OF DIRT AND COAL. MR. ZIESMER INITIATED CLEANUP OF THE SPILL AND NOTIFIED PERSONNEL AT MIDWEST ENERGY AND HE ALSO INITIATED OUR EMERGENCY RESPONSE PLAN.

EDWARDS EMERGENCY RESPONSE CONTRACTORS WERE CONTACTED AND DISPATCHED AT APPROXIMATELY 4AM BY EDWARDS OILS GENERAL MANAGER MR. BOB SKALKO. MR. JOE PALO IS AN ENVIRONMENTAL ENGINEER FOR GOLDER AND ASSOCIATES AND WAS TO DIRECT AND INVESTIGATE THE EXTENT OF CLEANUP NEEDED AND OSI ENVIRONMENTAL WAS DISPATCHED WITH A VACUUM RECOVERY TRUCK TO RECOVER THE FREE PRODUCT AND SUCK UP ANY LIQUID "SLURRY" MIX OF OIL, DIRT, AND COAL FINES. IN ADDITION, EDWARDS DISPATCHED ANOTHER COMPANY TRUCK WITH ADDITIONAL CLEANUP MATERIALS AND LABOR TO HELP OUT IN THE CLEANUP PROCESS AND REMOVE THE REMAINING CONTENTS OF THE TRAILER COMPARTMENT. EDWARDS ALSO NOTIFIED WISCONSIN DNR AND THE FEDERAL NATIONAL RESPONSE CENTER.

THE MAJORITY OF THE EMERGENCY RECOVERY OF THE FREE PRODUCT AND SLURRY MIX WAS DONE BY 10AM AND ALL THAT REMAINED WAS TO REMOVE BETWEEN 10-20 YARDS OF A DIRT/COAL MIX THAT THE DIESEL HAD DRAINED INTO BUT WAS TOO DEEP OR DRY TO BE RECOVERED BY A VACUUM TRUCK. A SMALL BACKHOE WAS COMMISSIONED TO EXCAVATE THIS AREA AND MR. JOE PALO WAS ON-HAND TO SUPERVISE THE CLEANUP. MIDWEST ENERGY RETAINED ENVIRONMENTAL TROUBLESHOOTERS TO SUPERVISE MR. PALO'S EFFORTS AND RECOMMENDATIONS.

THE RECOVERED CONTAMINATED SOILS WERE TESTED AND THEN SENT TO WASTE MANAGEMENT'S DISPOSAL SITE IN COTTON, MN.

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:

REFRAIN FROM BACKING INTO CLOSE QUARTERS.

PART VIII – CONTACT INFORMATION

Contact's Name:	ROBERT SKALKO
Contact's Title:	GEN MGR.
Business Name and Address:	EDWARDS OIL INC
	820 HOOVER RD W. VIRGINIA MN 55792
E-mail Address:	RSKALKO@EOCTRIMARK.COM
Telephone Number:	218-741-9634
Fax Number:	218-741-1802
Hazmat Registration Number:	
Date:	08/30/2011
Preparer is:	Carrier

01/01/1996