



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-2006020740
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
12/21/2005
4. Time of Incident (use 24-hour time):
19:10
5. Enter National Response Center Report Number
(if applicable):
783225
6. If you submitted a report to another Federal DOT agency, enter
the agency and report number:
7. Location of Incident:
- City: NUNICA
County: OTTAWA
State: MI
Zip Code: (if known): 49448
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
- Name: GREAT LAKES PETROLEUM CORP
Street: 6525 N JEROME ROAD
City: ALMA
State: MI
Zip Code: 48801-
Federal DOT Id Number: 865395
Hazmat Registration Number: 062105550094N
11. Shipper/Officer:
- Name: CITGO
Street: 524 3RD ST
City: FERRYBURG
State: MI
Zip Code: 49409
Waybill/Shipping Paper:
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: KEROSENE
15. Technical/Trade Name: KEROSENE
16. Hazardous Class/Division: Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1223

18. **Packing Group:** (if applicable) II

19. **Quantity Released:** (Include Measurement Units)

20. **Was the material shipped as a hazardous waste?**

If yes, provide the EPA Manifest Number:

21. **Is this a Toxic by Inhalation (TIH) material?**

If yes, provide the Hazard Zone:

22. **Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?**

If yes, provide the Exemption, Approval, or CA number:

23. **Was this an undeclared hazardous materials shipment?**

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:**

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: -

Causes of Failure: -

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

Identification Markings:

(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:
Amount in Package:
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:
Serial Number:
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:

Manufacture Date:
Last Test Date:

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):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True | - Environmental Damage: | False |
| - No Release: | False | | |

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

- Fire/EMS Report #: False
Police Report #: True 0512210142
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: \$ 5,700.00
Carrier Damage: \$ 59,000.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 300,000.00
(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?

True

If yes, provide the following information:

Total number of general public evacuated: 12
Total number of employees evacuated: 0
Total evacuated: 12
Duration of the evacuation: 10

36. Was a major transportation artery or facility closed?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions: SNOW
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:

A PASSENGER VEHICLE TURNED IN FRONT OF THE TANKER. THE TANKER SWERVED TO AVOID THE VEHICLE AND ROLLED ONTO ITS SIDE. THE TANKER HAD A CAPACITY OF 9200 GALLONS AND WAS CARRYING 5700 GALLONS OF GASOLINE, 1200 GALLONS OF DIESEL FUEL AND 1401 GALLONS OF KEROSENE. THE FUEL SPILLED FROM DOME COVERS. FOAM WAS USED TO PREVENT FIRE. THE DOME COVERS WERE CLAMPED, AND THE REMAINING PRODUCT WAS VACUUMED INTO ANOTHER VEHICLE. CONTAMINATED SOIL WAS EXCAVATED AND WILL BE TRANSPORTED TO A LICENSED LANDFILL.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFF ALLEN
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	GREAT LAKES PETROLEUM 6252 JEROME ROAD ALMA MI 48801
E-mail Address:	CALLEN@GREATLAKESPC.COM
Telephone Number:	(989) 463-4654
Fax Number:	(989) 463-5771
Hazmat Registration Number:	
Date:	02/10/2006
Preparer is:	Carrier



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County: OTTAWA
State: MI
Zip Code: (if known): 49448
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: GREAT LAKES PETROLEUM CORP
Street: 6525 N JEROME ROAD
City: ALMA
State: MI
Zip Code: 48801-
Federal DOT Id Number: 865395
Hazmat Registration Number: 062105550094N
11. Shipper/Officer:
Name: CITGO
Street: 524 3RD ST
City: FERRYSBURG
State: MI
Zip Code: 49409
Waybill/Shipping Paper:
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:
15. Technical/Trade Name:
16. Hazardous Class/Division:
17. Identification Number: (E.g. UN2764, NA 2020)

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units)

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

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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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What Failed: -

How Failed: -

Causes of Failure: -

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

Identification Markings:

(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:
Amount in Package:
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:

Serial Number:

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:

Manufacture Date:

Last Test Date:

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):

- | | | | |
|---------------------------|-------|--|-------|
| - Spillage: | True | - Fire: | False |
| - Explosion: | False | - Material Entered Waterway/Storm Sewer: | False |
| - Vapor (Gas) Dispersion: | True | - Environmental Damage: | False |
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Police Report #: True 0512210142
In-house cleanup: False
Other Cleanup: False

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True

If yes, enter the following information: (If no, go to question 33.)

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

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True

If yes, provide the following information:

Total number of general public evacuated: 12
Total number of employees evacuated: 0
Total evacuated: 12
Duration of the evacuation: 10

36. Was a major transportation artery or facility closed?

True

If yes, how many? 10

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

True

If yes, provide the following information:

Estimated speed (mph): 55
Weather conditions: SNOW
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)

- | | |
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| - Shipment had not been transported | - Transported by air (first flight) |
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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.

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Business Name and Address:	GREAT LAKES PETROLEUM 6252 JEROME ROAD ALMA MI 48801
E-mail Address:	CALLEN@GREATLAKESPC.COM
Telephone Number:	(989) 463-4654
Fax Number:	(989) 463-5771
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Date:	02/10/2006
Preparer is:	Carrier



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9. Transportation Phase: In Transit
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State: MI
Zip Code: 49409
Waybill/Shipping Paper:
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:
15. Technical/Trade Name:
16. Hazardous Class/Division:
17. Identification Number: (E.g. UN2764, NA 2020)

18. Packing Group: (if applicable)

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Model:

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Manufacture Date:

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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:

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFF ALLEN
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	GREAT LAKES PETROLEUM 6252 JEROME ROAD ALMA MI 48801
E-mail Address:	CALLEN@GREATLAKESPC.COM
Telephone Number:	(989) 463-4654
Fax Number:	(989) 463-5771
Hazmat Registration Number:	
Date:	02/10/2006
Preparer is:	Carrier



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-2006020740
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/21/2005
4. Time of Incident (use 24-hour time): 19:10
5. Enter National Response Center Report Number (if applicable): 783225
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NUNICA
County: OTTAWA
State: MI
Zip Code: (if known): 49448
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: GREAT LAKES PETROLEUM CORP
Street: 6525 N JEROME ROAD
City: ALMA
State: MI
Zip Code: 48801-
Federal DOT Id Number: 865395
Hazmat Registration Number: 062105550094N
11. Shipper/Officer:
Name: CITGO
Street: 524 THIRD STREET
City: FERRYSBURG
State: MI
Zip Code: 49409
Waybill/Shipping Paper:
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: GASOLINE
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) UN1203

18. Packing Group: (if applicable) III

19. Quantity Released: (Include Measurement Units) 85 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? True
If yes, provide the Exemption, Approval, or CA number: MC 379251 P

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: NO MARKINGS

(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:	9200 Liquid - Gallon	Package Capacity:	
Amount in Package:	8301 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:	FREUHAUT	Manufacture Date:	
Serial Number:	4 PL 001404	Last Test Date:	03/31/2005
Material of Construction:	ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)		
Design Pressure:	3 (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: | True | - Environmental Damage: | False |
| - No Release: | False | | |

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

- Fire/EMS Report #: False
Police Report #: True 0512210142
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: | \$ 5,700.00 |
| Carrier Damage: | \$ 59,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 300,000.00 |
- (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? True

- If yes, provide the following information:

- | | |
|---|----|
| Total number of general public evacuated: | 12 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 12 |
| Duration of the evacuation: | 10 |

36. Was a major transportation artery or facility closed? True

- If yes, how many? 10

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

- If yes, provide the following information:

- | | |
|-----------------------------|-------|
| Estimated speed (mph): | 55 |
| Weather conditions: | SNOW |
| 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:

A PASSENGER VEHICLE TURNED IN FRONT OF THE TANKER. THE TANKER SWERVED TO AVOID THE VEHICLE AND ROLLED ONTO ITS SIDE. THE TANKER HAD A CAPACITY OF 9200 GALLONS AND WAS CARRYING 5700 GALLONS OF GASOLINE, 1200 GALLONS OF DIESEL FUEL AND 1401 GALLONS OF KEROSENE. THE FUEL SPILLED FROM DOME COVERS. FOAM WAS USED TO PREVENT FIRE. THE DOME COVERS WERE CLAMPED, AND THE REMAINING PRODUCT WAS VACUUMED INTO ANOTHER VEHICLE. CONTAMINATED SOIL WAS EXCAVATED AND WILL BE TRANSPORTED TO A LICENSED LANDFILL.

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:

PART VIII – CONTACT INFORMATION

Contact's Name:	CLIFF ALLEN
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	GREAT LAKES PETROLEUM 6252 JEROME ROAD ALMA MI 48801
E-mail Address:	CALLEN@GREATLAKESPC.COM
Telephone Number:	(989) 463-4654
Fax Number:	(989) 463-5771
Hazmat Registration Number:	
Date:	02/10/2006
Preparer is:	Carrier



U.S. Department of Transportation
Research and Special Programs Administration

Hazardous Materials Incident Report

Form Approval OMB No. 3137-0039

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INSTRUCTIONS

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PART I - REPORT TYPE

1. Incident Id: I-2006020740
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident: 12/21/2005
4. Time of Incident (use 24-hour time): 19:10
5. Enter National Response Center Report Number (if applicable): 783225
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: NUNICA
County: OTTAWA
State: MI
Zip Code: (if known): 49448
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: GREAT LAKES PETROLEUM CORP
Street: 6525 N JEROME ROAD
City: ALMA
State: MI
Zip Code: 48801-
Federal DOT Id Number: 865395
Hazmat Registration Number: 062105550094N
11. Shipper/Officer:
Name: CITGO
Street: 524 THIRD STREET
City: FERRYSBURG
State: MI
Zip Code: 49409
Waybill/Shipping Paper:
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: DIESEL FUEL
16. Hazardous Class/Division: Flammable - Combustible Liquid
17. Identification Number: (E.g. UN2764, NA 2020) NA1993

18. Packing Group: (if applicable)

19. Quantity Released: (Include Measurement Units) 15 Liquid - Gallon

20. Was the material shipped as a hazardous waste?

If yes, provide the EPA Manifest Number:

21. Is this a Toxic by Inhalation (TIH) material?

If yes, provide the Hazard Zone:

22. Was the material shipped under an Exemption, Approval, or Competent Authority Certificate?

If yes, provide the Exemption, Approval, or CA number:

23. Was this an undeclared hazardous materials shipment?

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; 150-Tank Shell

How Failed: - 305-Crushed; 308-Leaked

Causes of Failure: - Rollover Accident; Rollover Accident

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

Identification Markings: No Markings

(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: 9200 Liquid - Gallon
Amount in Package: 8301 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: FREUHAUT
Serial Number: 4 PL 001404
Material of Construction: ALUMINUM (if Tank Car, CTMV, Portable Tank, or Cylinder)
Design Pressure: 3 (if Tank Car, CTMV, Portable Tank)
Shell Thickness: (if Tank Car, CTMV, Portable Tank)
Head Thickness: (if Tank Car, CTMV)
Service Pressure: (if Cylinder)

Manufacture Date: 01/01/1992
Last Test Date: 03/31/2005

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:
Activity:
Critical Safety Index:

Transport 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: | True | - Environmental Damage: | False |
| - No Release: | False | | |

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

- Fire/EMS Report #: False
Police Report #: True 0512210142
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: | \$ 5,700.00 |
| Carrier Damage: | \$ 59,000.00 |
| Property Damage: | \$ 0.00 |
| Response Cost: | \$ 0.00 |
| Remediation/Cleanup Cost: | \$ 300,000.00 |
- (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? True

- If yes, provide the following information:

- | | |
|---|----|
| Total number of general public evacuated: | 12 |
| Total number of employees evacuated: | 0 |
| Total evacuated: | 12 |
| Duration of the evacuation: | 10 |

36. Was a major transportation artery or facility closed? True

- If yes, how many? 10

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

- If yes, provide the following information:

- | | |
|-----------------------------|-------|
| Estimated speed (mph): | 55 |
| Weather conditions: | SNOW |
| 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:

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Describe:

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Contact's Name:	CLIFF ALLEN
Contact's Title:	OPERATIONS MANAGER
Business Name and Address:	GREAT LAKES PETROLEUM 6252 JEROME ROAD ALMA MI 48801
E-mail Address:	CALLEN@GREATLAKESPC.COM
Telephone Number:	(989) 463-4654
Fax Number:	(989) 463-5771
Hazmat Registration Number:	
Date:	02/10/2006
Preparer is:	Carrier

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