



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-2007011010
2. This is to report: A

PART II - GENERAL INCIDENT INFORMATION

3. Date of Incident:
09/16/2006
4. Time of Incident (use 24-hour time):
14:00
5. Enter National Response Center Report Number (if applicable):
811978
6. If you submitted a report to another Federal DOT agency, enter the agency and report number:
7. Location of Incident:
City: FARMINGTON
County: DAVIS
State: UT
Zip Code: (if known): 84025
Street Address/Mile Marker/Yard Name/Airport/Body of Water/River Mile:
NORTHBOUND @ I-15 / I-89 SPLIT
8. Mode of Transportation: Highway
9. Transportation Phase: In Transit
10. Carrier/Reporter:
Name: SUMMIT OIL CO. LLC
Street: 1180 NO. ALFRED AVENUE
City: KAYSVILLE
State: UT
Zip Code: 84037
Federal DOT Id Number: 709530
Hazmat Registration Number: 062104554031MO
11. Shipper/Officer:
Name: SILVER EAGLE REFINING
Street: 2355 SOUTH 110 WEST
City: WOODS CROSS
State: UT
Zip Code: 84087
Waybill/Shipping Paper: 546184
Hazmat Registration Number: 0710060010440
12. Origin (if different from shipper address)
Street:
City:
State:
Zip Code:
13. Destination:
Street: PILOT TRAVEL CENTERS - 1670W 12TH STREET
City: OGDEN
State: UT
Zip Code: 84404
14. Proper Shipping Name of Hazardous Material: DIESEL FUEL
15. Technical/Trade Name: #2 DIESEL FUEL, CLEAR
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) 1381 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: -
Causes of Failure: -

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):
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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):
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Package Capacity:	5500 Liquid - Gallon	Package Capacity:
Amount in Package:	4100 Liquid - Gallon	Amount in Package:
Number in Shipment:	1	Number in Shipment:
Number Failed:		Number Failed:

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

Manufacturer:	BEALL	Manufacture Date:
Serial Number:	1BNIT232XEP16526	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: | True |
| - No Release: | False | | |

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

- Fire/EMS Report #: True
Police Report #: True
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: \$ 3,457.00
Carrier Damage: \$ 11,464.00
Property Damage: \$ 0.00
Response Cost: \$ 0.00
Remediation/Cleanup Cost: \$ 54,000.00
(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?

True

If yes, how many? 2

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

True

If yes, provide the following information:

Estimated speed (mph): 45
Weather conditions: CLEAR & DRY
Vehicle overturned? False
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:

ON SEPT 16TH 2006 @ APPROX. 2 P.M. A 2-AXLE MC 306 PUP PULL TRAILER, LOADED WITH 4100 GALLONS OF #2 CLEAR DIESEL FUEL WAS ENROUTE ON NORTHBOUND HIGHWAY 89. AT THE I-15 SPLIT WHILE ENROUTE THE FRONT AXLE BROKE UNDERNEATH RIGHT SPRING HANGER CAUSING TIRES & BALANCE OF AXLE TO FLIP UP, RUPTURING PACKAGE. A SMALL FIRE FOLLOWED AND WAS PUT OUT BY DRIVER. 911 ARRIVED AND EMERGENCY RESPONSE SECURED SITE AND COMPANY REP ARRIVED WITHIN 15 MINUTES AND BALANCE OF CONTAINMENT WAS DONE QUICKLY. AFTER EMERGENCY RESPONSE WAS DONE, REMAINDER OF PRODUCT WAS TRANSFERRED TO A SECOND UNIT AND DAMAGED EQUIPMENT WAS TAKEN TO SECURE SITE FOR FOLLOW-UP DOT INSPECTION. UPON COMPLETION OF DOT INSPECTION TRAILER WAS SCHEDULED FOR REPAIR. USA ENVIRONMENTAL WAS ON SITE WITHIN A COUPLE MINUTES AND CLEAN UP AND REMEDIATION WAS UNDERWAY AND WAS FINALIZED A FEW DAYS LATER.

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:

- 1 - THIS PARTICULAR TRAILER HAD JUST WENT THROUGH A COMPLETE D.O.T. INSPECTION 2 DAY EARLIER WITH 0 WRITE UPS.
- 2 - THE AXLE BROKE IN A PLACE THAT WAS NOT DETECTABLE.
- 3 - I BELIEVE THIS WAS A FLUKE ACCIDENT WITH A GOOD OUTCOME MEANING (1. NO ONE GOT HURT, 2. ENVIRONMENT WAS RESTORED, 3. EQUIPMENT WAS REPAIRABLE)
- 4 - THE D.O.T. INSPECTOR SAID IN 24 YEARS HE HAS NEVER SEEN AN AXLE BREAK IN THIS SPOT.

PART VIII – CONTACT INFORMATION

Contact's Name:	STEVE L. JOHNSON
Contact's Title:	MEMBER - MANAGER
Business Name and Address:	SUMMIT OIL CO., LLC 1180 NO. ALFRED AVENUE KAYSVILLE UT 84037
E-mail Address:	JONTZ1180@MSN.COM
Telephone Number:	(801) 721-7675
Fax Number:	(801) 593-8702
Hazmat Registration Number:	
Date:	
Preparer is:	Carrier